FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

723352

(1)

MAITLAND SQUARE ASSOCIATION. INC.

***************************************		,				
Principal Place of Business Mailing A		Mailing Address	g Address			4191 01011 01014 01011 9 1014 81011 01011 1001
%CENTURY 21 CARTHEN REALTY INC. 2471 ALOMA AVE. WINTER PARK FL 32792		%CENTURY 21 CARTHEN REALTY INC. 2471 ALOMA AVE. WINTER PARK FL 32792				
U\$		US			3. Date Incorporated or Qualified 05/05/1972	3a. Date of Last Report 02/09/1995
2. Principal Place of Business 2a. Mai 2b 26		2a. Mailing Address 26	illing Address		4. FEI Number 59-1531895	Applied For Not Applicable
		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 28				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30		This corporation has liability for in Florida Statutes	ntangible tax under s. 199,032, Yes 🌠 No
9. Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Agent
			81	Name		
BRADFORD, CARTER				Charach Astr	fress (P.O. Box Number is Not Acceptable	(a)
512 E WASHINGTON STREET			82	Street Act	Iress (F.O. Box Number is Not Acceptable	e)
ORLANDO FL 32801			83			
			84	0.1		
			64	City		FL 85 Zip Code
or register	to the provisions of Sections 617,0502 and agent, or both, in the State of Floridath, and accept the obligations of, Sectic	Such change was authorized	s, the above- d by the corp	named corpo oration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE:						
	Signature, typed or printed name of registered agent a		E Registered Ager	it signature requir	red when reinstating:	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	D COLE BEN	DELETE	11 TITLE		VD	Change 🔀 Addition
NAME			1.2 NAME		WILSON, GRAY	- 45
STREET ADDRESS			13 STREET	ADDRESS	331 N. MAITLAND AVE	D-4
CITY-ST-7IP			14 CITY - S		MATTLAND, FL 32751	
TIFLE	PD APPEL PARM DICK	DELETE	2 1 TITLE		D	Change 🔀 Addition
NAME	COA AL MARTI AND AND DE		2 2 NAME		AYA, EDGAR	
STREET ADDRESS	MAITLAND FL		23 STREET		331 N. MATTLAND AVE.	D- 9
CITY-ST-ZIP TITLE	VD	™ D€LETE	2 4 CITY-1		MATTLAND, FL 32751	Change Shidding
	MCCLANAHAN, BILL, DR.	Dittit	3 1 TITLE		D ARTHUR, HAROLD	Change 🔛 Addition
NAME STREET ADDRESS	331 N MAITLAND AVE D-4		3.2 NAME			A - LI
CITY-ST-ZIP	MAITLAND FL		3.3 STREET	NUURESS 1	331 N. MAITLAND AVE	4 - 1
TILE	TD	DELETE	3.4. CITY -: 4.1 TITLE	51-4IF	MAITLAND, FL 32751	Change
NAME	BADGER, CHARLES		4 2 NAME			
STREET ADDRESS	331 N. MAITLAND AVE., SUITE	D-6	4 3 STREET	ADDRESS		
CITY - ST - ZIP	MAITLAND FL	· - -	4 4 CITY - S			j
TITLE	SD	DELETE	5 1 TITLE		····································	Change Addition
NAME	COVELLI, FRANK		5.2 NAME			
STREET ADDRESS	331 N MAITLAND AVE B-1		53 STREET	ADDRESS		
CITY-S'-ZIP	MAITLAND FL		5.4 CITY - S			ŀ
TITLE	D	DELETE	6 1 TITLE			Change Add-tion
NAME	SCHWARTZ, MARC		62 NAME			ļ
STREET ADDRESS	331 N MAITLAND AVE D-9		63STREET	ADDRESS		Í
CITY - ST - ZIP	ALASTI AASS PL			iT-ZIP		
						

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conservation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

DICK Appellaum 1/30/96 407-628-8484