2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90042 049 ****61.25

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DOCUMENT # 723352

1. Entity Name
MAITLAND SQUARE ASSOCIATION, INC

Principal Place of Business	Mailing Address
%CENTURY 21 CARTHEN REALTY INC. 2471 ALOMA AVE. WINTER PARK, FL 32792 US	%CENTURY 21 CARTHEN REALTY INC. 2471 ALOMA AVE. WINTER PARK, FL 32792 US

2. Principal Place of Business	3. Mailing Address
WARNER - QUINLAN, INC.	WARNER-QUINLAN, INC.
Suite, Apt. #, etc.: 3216 CORRINE DRIVE	Suite, Apt. #, etc.: 3216 CORRINE DRIVE
City & State: ORLANDO, FL 32803	City & State: ORLANDO, FL 32803
Zip: 32803 Country: US	Zip: 32803 Country: US

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1531895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINLAN, SCOTT C
C/O CENTURY 21 CARTHEN REALTY
2471 ALEMA AVE
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name: QUINLAN, TIMOTHY J.
Street Address (P.O. Box Number is Not Acceptable): WARNER - QUINLAN INC.
3216 CORRINE DRIVE
City: ORLANDO FL Zip Code: 32803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 2/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, BEN 331 N MAITLAND AVE C-3 MAITLAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARTHUR, HAROLD 331 N. MAITLAND AVE. MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD APPELBAUM, DICK 331 N MAITLAND AVE D-7 MAITLAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, GRAY 331 N. MAITLAND AVE D-4 MAITLAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLAKE, THOMAS 331N MAJTLAND AVE., SUIITE A-2 MAJTLAND, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COVELLI, FRANK 331 N MAITLAND AVE B-1 MAITLAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COVELLI, FRANK 331 N. MAITLAND AVE B-1 MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AYA, EDGAR 331 N. MAITLAND AVE. D-8 MAITLAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32751	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Dick Appelbaum 2/18/04 407-628-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #