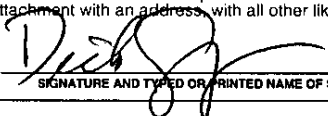


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90026 002 ****61.25

DOCUMENT # 723352					
1. Entity Name MAITLAND SQUARE ASSOCIATION, INC					
Principal Place of Business WAUNER-QUINLAN, INC. 3216 CORRINE DR. ORLANDO, FL 32803 US			Mailing Address WAUNER-QUINLAN, INC. 3216 CORRINE DR. ORLANDO, FL 32803 US		
2. Principal Place of Business WARNER-QUINLAN, INC		3. Mailing Address WARNER-QUINLAN, INC			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-1531895	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINLAN, TIMOTHY J WARNER-QUINLAN, INC. 3216 CORRINE DR. ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 D NAME COLE, BEN STREET ADDRESS 331 N MAITLAND AVE C-3 CITY-ST-ZIP MAITLAND, FL 32751	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE PD NAME APPELBAUM, DICK STREET ADDRESS 331 N MAITLAND AVE D-7 CITY-ST-ZIP MAITLAND, FL 32751	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE VD NAME WILSON, GRAY STREET ADDRESS 331 N. MAITLAND AVE D-4 CITY-ST-ZIP MAITLAND, FL 32751	☒ Delete		TITLE D NAME Mutugi, Tom STREET ADDRESS 331 N. Maitland Ave B-3 CITY-ST-ZIP maitland, Fl 32751 ☐ Change ☒ Addition		
TITLE D NAME BLAKE, THOMAS STREET ADDRESS 331N MAJTLAND AVE., SUITE A-2 CITY-ST-ZIP MAITLAND, FL 32751	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE TD NAME COVELLI, FRANK STREET ADDRESS 331 N. MAITLAND AVE., B-1 CITY-ST-ZIP MAITLAND, FL 32751	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition		
TITLE D NAME AYA, EDGAR STREET ADDRESS 331 N. MAITLAND AVE. D-8 CITY-ST-ZIP MAITLAND, FL 32751	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ 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: 			4/1/05 407-628-8484		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		