

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 726025**

1. Entity Name  
**MAITLAND GROVE COMMUNITY ASSOCIATION INC**



Principal Place of Business  
P.O. BOX 941161  
MAITLAND, FL 32751-4827 US

Mailing Address  
P.O. BOX 941161  
MAITLAND, FL 32751-4827 US



03192008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2337728</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DANIEL, MELODY T**  
**211 WHITE OAK CR**  
**MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, JACK 20 MAITLAND GROVE RD6 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, GREG 10 MAITLAND GROVES RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL, MELODY T 211 WHITE OAK CR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGINNIS, CYNTHIA 240 WHITE OAK CIR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/09/08-80034-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Melody Daniel Melody Daniel 3/11/08 407-453-4227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #