2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# 743188

Entity Name: MAITLAND SHORES PROTECTIVE ASSOCIATION

Current Principal Place of Business:

P.O. BOX 891
MAITLAND, FL 32794

New Principal Place of Business:

P.O. BOX 940891
MAITLAND, FL 32794

Current Mailing Address:

P.O. BOX 891
MAITLAND, FL 32794

New Mailing Address:

P.O. BOX 940891
MAITLAND, FL 32794

FEI Number: 59-6614526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDSEY, LINDA J
2212 VENETIAN WAY
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BREEMAN, LOUIS V
Address: 2599 VIA TUSCANY
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Delete
Name: PRINGLE, CAROLYN
Address: 2230 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Delete
Name: GIZZI, MICHAEL
Address: 943 POINCIANA LANE
City-St-Zip: WINTER PARK, FL 32789

Title: TD ( ) Delete
Name: LINDSEY, LINDA J
Address: 2212 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA J. LINDSEY TD 03/29/2005

Electronic Signature of Signing Officer or Director — Date