

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 746247 (6)

1. Corporation Name

MAITLAND GARDEN CLUB, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 94-1224
MAITLAND FL 32794
US

PO BOX 94-1224
MAITLAND FL 32794
US



3. Date Incorporated or Qualified

03/14/1979

4. FEI Number

59-2017372

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINCI, LEE EVELYN
1002 PEBBLE BEACH CIR. W
WINTER SPRINGS FL 32708

81 Name

HORN, MARGARET C.

82 Street Address (P.O. Box Number is Not Acceptable)

747 N. LAKE SYBELIA DR.

83

84 City

MAITLAND,

FL

85 Zip Code

32751

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Margaret C. Horn

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORN, CARRIE	
STREET ADDRESS	91 HARBOUR DR.	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIMOMS, KATY	
STREET ADDRESS	561 N LAKE SYBELIA DR.	
CITY-ST-ZIP	MAITLAND FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VINCI, LEE EVELYN	
STREET ADDRESS	1002 PEBBLE BEACH CIR. W	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARKER, IRENE	
STREET ADDRESS	450 BANTON RD.	
CITY-ST-ZIP	MAITLAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KE	VINCI, LEE EVELYN	
1.3 STREET ADDRESS		1002 PEBBLE BEACH CIRCLE W.	
1.4 CITY-ST-ZIP		WINTER SPRINGS, FL. 32708	

2.1 TITLE	D	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		SELLEY, JAON	
2.3 STREET ADDRESS		540 BOYNTON ROAD	
2.4 CITY-ST-ZIP		MAITLAND, FLORIDA	32751

3.1 TITLE	T	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		HORN, MARGARET C.	
3.3 STREET ADDRESS		747 N. LAKE SYBELIA DR.	
3.4 CITY-ST-ZIP		MAITLAND, FLORIDA	32751

4.1 TITLE	D	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		PARKER, IRENE	
4.3 STREET ADDRESS		450 BOYNTON ROAD	
4.4 CITY-ST-ZIP		MAITLAND, FLORIDA	32751

5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			

6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret C. Horn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015539

CR2E037 (10/97)