FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746247

Corporation Name

MAITLAND GARDEN CLUB, INCORPORATED

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Bus
PO BOX 94-1224
MAITLAND FL 32794
US

City & State

22

23

24

Zip

2. Principal Place of Business

Mailing Address

PO BOX 94-1224 MAITLAND FL 32794

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED Jan 26, 1999 8:00am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

10. Name and Address of New Registered Agent

03/14/1979

59-2017372

4. FEI Number

		"	INdi		. 1		
HORN, MARGARETICA CONTROL SECTION OF THE SECTION OF			82 Street Address (P.O. Box Number is Not Acceptable)				
	FL 32751	83					
		84	City	tv 85 Z	Zip Code		
		64	City	FL 5	Sarget arent sage		
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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	tored Agen	t sinnat	ature required when reinstating) DATE			
12.	anglianator, typota or printer and an analysis of the second of the second or printer and an analysis of the second or	13.	· Organiza	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS IN 12		
TITLE		1.1 TITLE		☐ Char	nge		
NAME		1.2 NAME					
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CITY-ST-ZIP		1.4 CITY-ST	T-ZIP				
TITLE		2.1 TITLE		☐ Char	ge 🔲 Addition		
NAME	· · · · · · · · · · · · · · · · · · ·	2.2 NAME	•				
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CITY-ST-ZIP		2. 4 CITY-S	T-ZIP	<u></u>			
TITLE		3.1 TITLE	•	☐ Char	nge		
NAME OF THE STATE OF	HORN MARGARET C	3.2 NAME					
STREET ADDRESS	747 N LAKE SYBELIA DR	3.3 STREET	ADDRE	RESS			
CITY ST ZIPAS	MAITLAND FL 32751	3.4. CITY-S	T-ZIP				
ΠΙLE	SD □ DELETE	4.1 TITLE		☐ Char	nge 🗌 Addition		
NAME TO SEE	Transfer urine	4. 2 NAME		2017年代,1936年1948年1986年1986年1986年	가한 등이 되돌아 남쪽		
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CITY-ST-ZIP		4.4 CITY-ST	T-ZfP		3 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE		5.1 TITLE		☐ Chại	nge 🔛 Addition		
NAME		5.2 NAME					
STREET ADDRESS	graph,	5.3 STREET		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	•		
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TITLE		6.1 TITLE		Char	nge 🗌 Addition		
NAME.	September 1 (1) For the control of t	6.2 NAME		0500			
STREET ADDRESS	The state of the s	6.3 STREET					
CITY-ST-ZIP	1.5%	6.4 CITY- ST	i-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	h - 1-6		

Country

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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 13 if changed; or on an attachment with an address, with all other like empowered.

16/99 407-628-2167