

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-25-2003 90172 041 ****61.25

DOCUMENT # 746247

1. Entity Name

MAITLAND GARDEN CLUB, INCORPORATED



Principal Place of Business

791 LAKE LILY DRIVE
MAITLAND FL 32794
US

Mailing Address

PO BOX 94-1224
MAITLAND FL 32794
US

55039494



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2017372**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANE, ANNETTA
1820 CHIPPEWA TRAIL
MAITLAND FL 32751

Name

Carrie Thorn
Street Address (P.O. Box Number is Not Acceptable)
961 Harbour Dr.

City

Longwood

FL

Zip Code

32750

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

Carrie Thorn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE ☐ Delete
NAME **DP THORN, CARRIE**
STREET ADDRESS **961 HARBOUR DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME **DVP FAIRBROTHER, LOIS**
STREET ADDRESS **973 STONEWOOD LANE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☒ Delete
NAME **LANE, ANNETTA**
STREET ADDRESS **1820 CHIPPEWA TRAIL**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☒ Delete
NAME **SD BRETZ, POLLY**
STREET ADDRESS **300 GOLFBROOK CIRCLE #104**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D President Gines, Cindy**
STREET ADDRESS **201 Monroe Ave.**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☒ Change ☐ Addition
NAME **D Deputy Vice President Carrie Thorn**
STREET ADDRESS **961 Harbour Dr.**
CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☒ Change ☐ Addition
NAME **T Treasurer Lee Winc**
STREET ADDRESS **1002 Pebble Beach Cir. W**
CITY-ST-ZIP **Wintersprings, FL 32708**

TITLE ☒ Change ☐ Addition
NAME **D Secretary Joan Heilman**
STREET ADDRESS **791 Sequoia Trail**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carrie Thorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

407-339-6296

Date

Daytime Phone #

CR2E037 (10/02)