FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # N00259 (4)

1. MAINE AVENUE VILLAS HOME OWNERS ASSOCIATION, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
890 S R 434 NORTH ALTAMONTE SPRINGS FL 32714	890 S R 434 NORTH ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date First Organized or Qualified: 12/22/1983	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2647240	Applied For / Not Applicable
5. Certificate of Status Desired: ☐	$8.75 Additional Fee Required
6. Name and Address of Person Preparing Document: ☐	$5.00 May Be Added to Fees
7. Notified with IRS Name and Tax Exempt Status: ☐	$68.75 Supplemental Fee Not Required
8. This corporation is subject to assessment under s. 720.401, Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEINSTEIN, JEROME D. 890 STATE ROAD 434 ALTAMONTE SPRINGS FL 32714	81 Name 82 Street Address (P.O. Box Number Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of section 607.1622, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The street address of its registered office and the address of the business office of its registered agent, as changed, will be identical. The name and address of the registered agent and the street address of the registered office, as changed, are set forth below.

12. Officers and Directors	13. Add, Change, Delete
PD FEINSTEIN, J.D. 120 SPRING ISLE TRAIL MAITLAND FL	☐ Change ☐ Addition
SD GOODMAN, BARRY S. 364 WOODSTEAD CIRCLE LONGWOOD FL	☐ Change ☐ Addition
VD ROSSMAN, NORMAN A. 203 WILD ASH LANE LONGWOOD FL	☐ Change ☐ Addition
T MCGRAW, JOY H. 1002 ALDANE COURT OCOEE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information contained herein, including any attachments, is true and correct as of the date hereof, for the purposes required by Section 607.1622, Florida Statutes. I further certify that I am familiar with and authorized to execute this statement on behalf of the corporation, and that I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: J.D. Feinstein 4/26/95 (407) 788-6555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR LIMITED PARTNERSHIP TO EXECUTE THIS REPORT DATE TELEPHONE NUMBER

0003030