


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00259** (4)
1. Corporation Name
MAINE AVENUE VILLAS HOME OWNERS ASSOCIATION, INC



Principal Place of Business 890 S.W. 434 NORTH ALTAMONTE SPRINGS FL 32714	Mailing Address 890 S.W. 434 NORTH ALTAMONTE SPRINGS FL 32714 7016
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860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

3. Date Incorporated or Qualified 12/22/1983	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 860 State Road 434 North Suite, Apt. #, etc. 22 Suite 7 City & State 23 Altamonte Springs, FL Zip 24 32714 Country 25 USA	2a. Mailing Address 26 860 State Road 434 North Suite, Apt. #, etc. 27 Suite 7 City & State 28 Altamonte Springs, FL Zip 29 32714 Country 30 USA
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4. FEI Number 59-2647240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FEINSTEIN, JEROME D.
~~890 STATE ROAD 434~~
~~ALTAMONTE SPRINGS FL 32714~~
860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	FEINSTEIN, J.D.
STREET ADDRESS	120 SPRING ISLE TRAIL
CITY-ST-ZIP	MAITLAND FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, BARRY S.
STREET ADDRESS	364 WOODSTEAD CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ROSSMAN, NORMAN A.
STREET ADDRESS	203 WILD ASH LANE
CITY-ST-ZIP	LONGWOOD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MCGRAW, JOY H.
STREET ADDRESS	1002 ALDANE COURT
CITY-ST-ZIP	OCFEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Norman A. Roszman
3.3 STREET ADDRESS	7829 Greenbriar Pkwy
3.4 CITY-ST-ZIP	Orlando, FL 32718
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/D Goodman, Lauren B.
4.3 STREET ADDRESS	860 State Road 434 North, Suite 7
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Goodman, Michael A.
5.3 STREET ADDRESS	860 State Road 434 North, Suite 7
5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
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 do 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, changed, or on an attachment with an address.

SIGNATURE:  **FEINSTEIN** (407) 788-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013148

CR2E037 (9/96)