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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

DOCUMENT # N00259 (4)

1. Corporation Name

MAINE AVENUE VILLAS HOME OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

860 S.R. 434 NORTH
ALTAMONTE SPRINGS FL 32714

860 S.R. 434 NORTH
ALTAMONTE SPRINGS FL 32714

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

2. Principal Place of Business

21 860 State Road 434 North

2a. Mailing Address

26 860 State Road 434 North

4. FEI Number
59-2647240

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Suite 7

Suite, Apt. #, etc.

27 Suite 7

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Altamonte Springs, FL

City & State

28 Altamonte Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32714

Country

25 USA

Zip

29 32714

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINSTEIN, JEROME D.
860 STATE ROAD 434
ALTAMONTE SPRINGS FL 32714

860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FEINSTEIN, J.D.
STREET ADDRESS 120 SPRING ISLE TRAIL
CITY-ST-ZIP MAITLAND FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME GOODMAN, BARRY S.
STREET ADDRESS 364 WOODSTEAD CIRCLE
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME ROSSMAN, NORMAN A.
STREET ADDRESS 203 WILD ASH LANE
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME Norman A. Rossman
3.3 STREET ADDRESS 7829 Greenbriar Pkwy
3.4 CITY-ST-ZIP Orlando, FL 32718

TITLE T
NAME MCGRAW, JOY H.
STREET ADDRESS 1002 ALDANE COURT
CITY-ST-ZIP OCOEE FL ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S/D
4.3 STREET ADDRESS Goodman, Lauren B.
4.4 CITY-ST-ZIP 860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Goodman, Michael A.
5.4 CITY-ST-ZIP 860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: JEROME D. FEINSTEIN

(407) 788-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013148

CR2E037 (9/96)