

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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	Mailing Address
<b>880 SR 434 NORTH STE 7 ALTAMONTE SPRINGS FL 32714 US</b>	<b>880 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 US</b>

3. Date Incorporated or Qualified <b>12/22/1983</b>	Applied For
4. FEI Number <b>59-2647240</b>	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FEINSTEIN, JEROME D.  
880 SR 434 NORTH  
STE 7  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 checked="" type="checkbox"/> DELETE
NAME	<b>FEINSTEIN, J.D.</b>
STREET ADDRESS	<b>120 SPRING ISLE TRAIL</b>
CITY-ST-ZIP	<b>MATLAND FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>ROSSMAN, NORMAN</b>
STREET ADDRESS	<b>7829 GREENBRIAR PKWY</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>ROSSMAN, NORMAN A.</b>
STREET ADDRESS	<b>203 WILD ASH LANE</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>MCGRAW, JOY H.</b>
STREET ADDRESS	<b>1002 ALDANE COURT</b>
CITY-ST-ZIP	<b>OCFEE FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>GOODMAN, LAUREN B</b>
STREET ADDRESS	<b>880 SR 434 NORTH STE 7</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>GOODMAN, MICHAEL</b>
STREET ADDRESS	<b>880 SR 434 NORTH STE 7</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Feinstein, Jerome D.</b>
1.3 STREET ADDRESS	<b>860 State Road 434 North, Suite 7</b>
1.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>
2.1 TITLE	VDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Rossman, Nancy A.</b>
2.3 STREET ADDRESS	<b>6355 MetroWest Blvd., Suite 330</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL 32835</b>
3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Gold, H. Scott</b>
3.3 STREET ADDRESS	<b>860 State Road 434 North, Suite 7</b>
3.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

**Jerome D. Feinstein**

**1/20/98 (407) 788-6555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0080256**

CR2E037 (10/97)