

**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 S. 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 <b>860 SR 434 NORTH STE 7 ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 US</b>
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3. Date Incorporated or Qualified <b>12/22/1983</b>		
4. FEI Number <b>59-2647240</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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.  
860 SR 434 NORTH  
STE 7  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FEINSTEIN, J.D.</b>		1.2 NAME <b>Feinstein, Jerome D.</b>	
STREET ADDRESS <b>120 SPRING ISLE TRAIL</b>		1.3 STREET ADDRESS <b>860 State Road 434 North, Suite 7</b>	
CITY-ST-ZIP <b>MATLAND FL</b>		1.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32714</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VDT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROSSMAN, NORMAN</b>		2.2 NAME <b>Rossman, Nancy A.</b>	
STREET ADDRESS <b>7829 GREENBRIAR PKWY</b>		2.3 STREET ADDRESS <b>6355 MetroWest Blvd., Suite 330</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP <b>Orlando, FL 32835</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROSSMAN, NORMAN A.</b>		3.2 NAME <b>Gold, H. Scott</b>	
STREET ADDRESS <b>203 WILD ASH LANE</b>		3.3 STREET ADDRESS <b>860 State Road 434 North, Suite 7</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>		3.4 CITY-ST-ZIP <b>Altamonte Springs, FL 32714</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCGRAW, JOY H.</b>		4.2 NAME	
STREET ADDRESS <b>1002 ALDANE COURT</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCOEEE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOODMAN, LAUREN B</b>		5.2 NAME	
STREET ADDRESS <b>860 SR 434 NORTH STE 7</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOODMAN, MICHAEL</b>		6.2 NAME	
STREET ADDRESS <b>860 SR 434 NORTH STE 7</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		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)