


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90164 025 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00259

1. Corporation Name
MAINE AVENUE VILLAS HOME OWNERS ASSOCIATION, INC

Principal Place of Business 860 SR 434 NORTH STE 7 ALTAMONTE SPRINGS FL 32714 US	Mailing Address 860 SR 434 N STE 7 ALTAMONTE SPRINGS FL 32714 US
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2. Principal Place of Business 21 219 Pasadena Place Suite, Apt. #, etc. 22	2a. Mailing Address 26 219 Pasadena Place Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 12/22/1983	4. FEI Number 59-2647240	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Orlando FL	City & State 28 Orlando FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32803	Country 25 Orange	Zip 29 32803	Country 30 Orange	

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 81 Name Barry L. Watson 82 Street Address (P.O.-Box Number is Not Acceptable) 219 Pasadena Place 83 84 City Orlando FL 85 Zip Code 32803
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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]* Barry L. Watson DATE 3-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FEINSTEIN, JEROME D.		1.2 NAME Barry L. Watson	
STREET ADDRESS 860 STATE ROAD 434 N STE 7		1.3 STREET ADDRESS 219 Pasadena Place	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP Orlando FL 32803	
TITLE VDT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSSMAN, NANCY A.		2.2 NAME Bonnie R. Watson	
STREET ADDRESS 8355 METROWEST BLVD STE 330		2.3 STREET ADDRESS 219 Pasadena Place	
CITY-ST-ZIP ORLANDO FL 32835		2.4 CITY-ST-ZIP Orlando FL 32803	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOLD, H. SCOTT		3.2 NAME Robert J. Watson	
STREET ADDRESS 860 STATE ROAD 434 N STE 7		3.3 STREET ADDRESS 219 Pasadena Place	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP Orlando FL 32803	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODMAN, LAUREN B		4.2 NAME	
STREET ADDRESS 860 SR 434 NORTH STE 7		4.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODMAN, MICHAEL		5.2 NAME	
STREET ADDRESS 860 SR 434 NORTH STE 7		5.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like enclosed.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Barry L. Watson 313099 407-422-
 President 3301

CR2E037 (1/198)