

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
 02-29-2000 90152 028 ****70.00

DOCUMENT # N00259

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

Principal Place of Business Mailing Address
219 PASADENA PLACE **219 PASADENA PLACE**
ORLANDO FL 32803 **ORLANDO FL 32803-3827**
US **US**

010823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2647240		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X	
Zip	Country	Zip	Country			\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WATSON, BARRY L 219 PASADENA PLACE ORLANDO FL 32803				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BARRY L	NAME	
STREET ADDRESS	219 PASADENA PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, BONNIE R	NAME	
STREET ADDRESS	219 PASADENA PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, ROBERT J	NAME	
STREET ADDRESS	219 PASADENA PLACE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/7/00 407-422-3301
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)