

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-05-2001 90346 042 ****70.00

DOCUMENT # N00259

1. Entity Name

MAINE AVENUE VILLAS HOME OWNERS ASSOCIATION, INC



Principal Place of Business

219 PASADENA PLACE
 ORLANDO FL 32803
 US

Mailing Address

219 PASADENA PLACE
 ORLANDO FL 32803
 US

2. Principal Place of Business
 c/o Timothy Holt

Suite, Apt. #, etc.
 462 Spreading Oak Circle

City & State
 Apopka FL

Zip
 32712-3441

Country
 United States

3. Mailing Address
 c/o Timothy Holt

Suite, Apt. #, etc.
 462 Spreading Oak Circle

City & State
 Apopka FL

Zip
 32712-3441

Country
 United States



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2647240

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WATSON, BARRY L
 219 PASADENA PLACE
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
Timothy Holt
 Street Address (P.O. Box Number is Not Acceptable)
 462 Spreading Oak Circle
 City
Apopka FL Zip Code
32712-3441

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

Timothy Holt
 President (elect)

3/02/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WATSON, BARRY L 219 PASADENA PLACE ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, BONNIE R 219 PASADENA PLACE ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, ROBERT J 219 PASADENA PLACE ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PSD Timothy Holt 462 Spreading Oak Circle Apopka FL 32712-3441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President VPD Casaundra Howell 458 Red Cedar Ct. Apopka FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer STD Micah R. Muller 484 Wild Elm Ct. Apopka FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the 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 empowers.

SIGNATURE:

Barry L. Watson

President (outgoing)

3/02/01

407-422-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (10/00)