

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01584** (4)

1. Corporation Name

**THE OAKS OF MAITLAND, FIRST ADDITION, HOMEOWNERS  
' ASSOCIATION, INC.**

Principal Place of Business

C/O JAMES SPEARS  
1537 INDIAN DANCE CT  
MAITLAND FL 32751  
US

Mailing Address

C/O JAMES SPEARS  
1537 INDIAN DANCE CT  
MAITLAND FL 32751  
US



3. Date Incorporated or Qualified  
**02/22/1984**

3a. Date of Last Report  
**03/01/1995**

4. FEI Number  
**59-3059593**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **813 Suwanee Ct John Chase**

2a. Mailing Address

26 **C/O JOHN CHASE**

Suite, Apt. #, etc.

22 **813 Suwanee Ct**

Suite, Apt. #, etc.

27 **813 Suwanee Ct**

City & State

23 **Maitland, Fla Fla**

City & State

28 **Maitland Fla**

Zip

24 **32751**

Country

25 **USA**

Zip

29 **32751**

Country

30 **Fla**

9. Name and Address of Current Registered Agent

**HOLMES, BRUCE E.  
1601 INDIAN DANCE CT.  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **Doug Estelma John Chase**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1624 Indian Dance Ct 813 Suwanee Ct**

83

84 City **Maitland**

FL

85 Zip Code  
**32751**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-7-96**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **FULMER, BETSY**  
STREET ADDRESS **1596 INDIAN DANCE CT**  
CITY - ST - ZIP **MAITLAND FL**

TITLE **DV** ☒ DELETE  
NAME **THALWITZER, KURT**  
STREET ADDRESS **1582 INDIAN DANCE CT**  
CITY - ST - ZIP **MAITLAND FL**

TITLE **DS** ☐ DELETE  
NAME **WHIDDEN, FLOYD**  
STREET ADDRESS **1513 INDIAN DANCE CT**  
CITY - ST - ZIP **MAITLAND FL**

TITLE **DT** ☒ DELETE  
NAME **SPEARS, JAMES**  
STREET ADDRESS **1537 INDIAN DANCE CT.**  
CITY - ST - ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE  
NAME **HOLMES, BRUCE E.**  
STREET ADDRESS **1601 INDIAN DANCE CT**  
CITY - ST - ZIP **MAITLAND FL**

TITLE **D** ☒ DELETE  
NAME **MACLAUCHLAN, JEFF**  
STREET ADDRESS **801 SUWANEE CT**  
CITY - ST - ZIP **MAITLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP Doug Estelma** ☒ Change ☐ Addition  
1.2 NAME **1624 Indian Dance Ct**  
1.3 STREET ADDRESS **Maitland, Fla 32751**  
1.4 CITY - ST - ZIP

2.1 TITLE **Barry Lundy** ☒ Change ☐ Addition  
2.2 NAME **1534 Indian Dance Ct**  
2.3 STREET ADDRESS **Maitland, Fla 32751**  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE **JOHN Chase** ☒ Change ☐ Addition  
4.2 NAME **813 Suwanee Ct**  
4.3 STREET ADDRESS **Maitland, Fla 32751**  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE **Jim Mathis** ☒ Change ☐ Addition  
6.2 NAME **1651 Indian Dance Ct**  
6.3 STREET ADDRESS **Maitland, Fla 32751**  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-6-96**

**407-539-2936**

CR2E037 (3/96)