

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90042 011 \*\*\*\*70.00

**DOCUMENT # N02745**

1. Entity Name

**THE COMMONS AT MAITLAND CENTER CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

ATTN: MR. ART ALLY  
1055 MAITLAND CENTER COMMONS BLVD.  
MAITLAND FL 32751  
US

ATTN: MR. ART ALLY  
1055 MAITLAND CENTER COMMONS BLVD.  
MAITLAND FL 32751  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2508436

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMING, BRIAN  
1059 MAITLAND CENTER COMMONS BLVD  
STE 250  
MAITLAND FL 32751

Name  
Arthur D. Ally

Street Address (P.O. Box Number is Not Acceptable)

1055 Maitland Center Commons

City  
Maitland

FL

Zip Code  
32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May-1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
CUMMING, BRIAN  
1059 MAITLAND CENTER COMMONS BLVD  
MAITLAND FL 32751 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
Damon Weiss  
1059 Maitland Center Commons  
Maitland FL 32751 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
BASTEN, WILLIAM J  
1057 MAITLAND CENTER COMMONS BLVD  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ALLY, ART  
1055 MAITLAND CENTER COMMONS BLVD  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WALKER, BERRY  
1055 MAITLAND CENTER COMMONS BLVD  
MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Walker, Berry  
1053 Maitland Center Commons  
Maitland FL 32751 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Arthur D. Ally

02/09/2007

407 644 1984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #