2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2508436
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALLY, AUTHUR D
1055 MAITLAND CENTER COMMONS
MAITLAND, FL 32751

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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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUMMING, BRIAN
STREET ADDRESS	1059 MAITLAND CENTER COMMONS BLVD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VD
NAME	BASTEN, WILLIAM J
STREET ADDRESS	1057 MAITLAND CENTER COMMONS BLVD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	ALLY, ART
STREET ADDRESS	1055 MAITLAND CENTER COMMONS BLVD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	WALKER, BERRY
STREET ADDRESS	1055 MAITLAND CENTER COMMONS BLVD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/08-80049-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 01/25/08 4076441986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #