
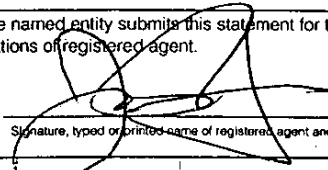
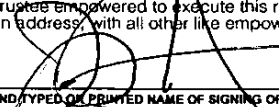


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90109 013 ****61.25

DOCUMENT # N06000000267 1. Entity Name MAITLAND SQUARE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 215 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL 32714			Mailing Address 215 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box # 200 N. Denning Drive		3. Mailing Address 200 N. Denning Drive			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			
City & State Winter Park, Florida		City & State Winter Park, Florida			
Zip 32789	Country US	4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRING, ALEC E. 215 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name John J. Roper Street Address (P.O. Box Number is Not Acceptable) 200 N. Denning Dr; Suite 1 City Winter Park FL Zip Code 32789		
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 		John J. Roper, Secretary		April 21, 2008	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP STRING, ALEC E. 215 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles L. Charlan 2600 Maitland CenterPkwy, Ste 260 Maitland, FL 32751
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STRING, DEBRA 215 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STRING, JAMES 4210 GARFIELD ST. HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John J. Roper 200 N. Denning Dr; Suite 1 Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Roy Ellison 5113 Log Wagon Road Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John J. Roper 200 N. Denning Dr; Suite 1 Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John J. Roper 200 N. Denning Dr; Suite 1 Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John J. Roper 200 N. Denning Dr; Suite 1 Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: 		John J. Roper, Secretary		4/21/08 407-628-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	