2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000267

1. Entity Name

SIGNATURE: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNI

MAITLAND SQUARE PROPERTY OWNERS' ASSOCIATION, INC.



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

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

4/21/08

Date

407-628-3000

Daytime Phone #

Addodition, ito.							- F						
Principal Place of Business 215 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL 32714				Mailing Address 215 ROLLINGWOOD TRAIL ALTAMONTE SPRINGS, FL 3271									
							•	1 13 11 11 11 11 11 11 11 11 11 11 11 11					
Principal Place of Business - No P.O. Box # Mailing Address													
		ning Drive	20	200 N. Denning Drive									
Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				04212008 C	hg-NP	CR2E0	37 (12/06)		
Suit			Suite 1							· · ·			
City & State		. mlaudda	i	City & State				4. FEI Number NOT APPLI	CABLE			oplied For	
Winter Park, Florida Zip Country				Winter Park, Flori Zip Count								ot Applicable	
32789				32789 US				Certificate of St	atus Desired		\$8.75 Add Fee Require		
32/0			Registered Agent			7. Name and Address of New Registered Agent							
							Name						
STRING, ALEC E. 215 ROLLINGWOOD TRAIL							John J. Roper Street Address (P.O. Box Number is Not Acceptable)						
ALTAMON						Street Address (P.O. Box Number is Not Acceptable)							
ALIMION	112 01 101	.00,72 02714						···	- D O				
						City	200	N. Denning	pr; su		Zip Code	Α	
						1		ter Park		FL	- 327	789	
8. The above	named entity	submits this statement	for the purp	ose of changing its	register	ed office or r	register	ed agent, or both, in	the State of Flo	rida. I am	familiar with,	and accept	
the obligations of registered agent.													
John J. Boner, Secretary April 21, 2008													
SIGNATURE .		orprinted came of registered age		Tohn J. Rop Sicable. (NOTE				when reinstating)		DATE			
	[<u></u> .	
	Fitting Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contributi						_	\$5.00 May Be			c payable to		
	Trust Fund Contribution		on.		Added to Fees Florida Department of State								
10.		OFFICERS AND D	DIRECTORS		11.		Α	DDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE	DP			Delete	THIL	£ .	P				Change	Addition	
NAME	STRING, A			NAME STREE 14 CITY-			_	harles L. C	Charlan				
STREET ADDRESS		INGWOOD TRAIL					2600 Maitland CenterPkwy, Ste 260					50 l	
CITY-ST-ZIP		ITE SPRINGS, FL 32	2714					aitland, Fl					
TITLE	DV DV	DEDD4		Delete TITL		1	V	P			Change	☐ Addition	
name Street address	STRING, [JEBKA INGWOOD TRAIL		NAM STRI			Α	ndrew Rock					
CITY-ST-ZIP		ITE SPRINGS, FL 32	2714				1	760 Fennell	l Street				
	DST			М	aitland, F l	L-32751		K Change					
TITLE NAME	STRING.	IAMES		Delete TITLE NAME STREI CITY-			T				ET cusude	☐ Addition	
STREET ADDRESS	4	FIELD ST.					Roy Ellison						
CITY-ST-ZIP	HOLLYWO	OOD, FL 33021					5	113 Log Wag	on Road				
TITLE				☐ Delete	TITLE	Ε	S		.,,,,		Change	X Addition	
NAME					NAM	E	_	ohn J. Rope	er				
STREET ADDRESS					STRE	ET ADDRESS		00 N. Denni		Suite	1	1	
CITY-ST-ZIP					CITY	-ST-ZIP		inter Park,					
TITLE				☐ Delete	TITLE	E					Change	☐ Addition	
NAME					NAM	_					•		
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE		·		Delete	TITU			•			☐ Change	Addition	
NAME STREET ADDRESS				NAME • STREE								.40	
CITY-ST-ZIP			STREET CITY-S							÷ - 44			
	nortify that the	information ausplied	ith this files	door not available			ntninad	in Chanter 110 Flor	ida Statutos 14	further cert	ify that the in	formation	
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 currate 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 trueter 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.												or director	
of the cor changed,	poration or th , or on an atta	ne receiver or trup tee em schment with an address	with all oth	execute this report per like empowered.	as requi	red by Chap	oter 617	, Florida Statutes; an	io that my name	appears i	I Block 10 or	Block 11 II	

John J. Roper, Secretary

G OFFICER OR DIRECTOR