

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90042 001 ****70.00



DOCUMENT # N10715 1. Entity Name MAITLAND CENTER PROPERTY OWNERS ASSOCIATION, INC.	
Principal Place of Business 900 WINDERLY PLACE SUITE 135 MAITLAND FL 32751 US	Mailing Address 900 WINDERLY PLACE SUITE 135 MAITLAND FL 32751 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-2607920	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

VRS REALTY SERVICES, INC. 900 WINDERLEY PLACE SUITE 135 MAITLAND FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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]* DATE: **1-23-08**

SIGNATURE: Signature typed and printed name of agent or registered agent (if applicable). (NOTE: Registered Agent signature is not used when registering.)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATKINS, ROBERT			NAME			
STREET ADDRESS	2700 WESTHALL LANE			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	PDZ	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNER, JONNIE MAE			NAME			
STREET ADDRESS	2400 MAITLAND CENTER PARKWAY SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEVANE, DONALD			NAME			
STREET ADDRESS	900 WINDERLEY PL STE 135			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]*