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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N20256 (6)

## MAITLAND CENTER PROPERTY OWNERS PAC, INC.

| D   |   |                                |                         |               |                                  |   | - I LEDINIAL DIA HANKA MARKA DINA DINA DINA DISEKA DIEN DINA DINA DINA DINA DINA DINA DINA DIN |                 |                 |  |
|---|---|--------------------------------|-------------------------|---------------|----------------------------------|---|--|-----------------|-----------------|--|
| Principal Place of Business Mailing Address  * DONALD L. DEVANE |   |                                |                         |               |                                  | 7 149/1149 614 11411 411/4 11419 411        | # #101 #1411 #1  |                 | 1911 91911 1981 |  |
|   |   |                                |                         |               |                                  |   |  |                 |                 |  |
| 900 WINDERLEY DRIVE 900 WINDERLEY DRIVE                         |   |                                |                         |               |                                  |   | •  |                 |                 |  |
| MAITLAND FL 32751 MAITLAND FL 32751-72                          |   |                                |                         |               |                                  | 3. Date Incorporated or Qualified           | la n   | ate of Last R   | enort           |  |
|   |   |                                |                         |               |                                  | 04/21/1987                                  | <b>34.</b> D   | 07/31/19        |                 |  |
| 2. Principal Pl   | ace of Business                                     | 2a. Mailing Address            |                         |               |                                  | 4. FEI Number                               |  |                 | oplied For      |  |
| 21  |   | 26                             |                         |               | 59-2822803                       |   |  | ot Applicable   |                 |  |
| Suite, Apt i  | #, etc.   | Suite, Apt. #, etc.            |                         |               |                                  |   | \$8.75   |                 |                 |  |
| 22  |   | 27                             |                         |               | 5. Certificate of Status Desired |   | Fee Re   |                 |                 |  |
| City & State  | }   | City & State                   |                         |               | 6. Election Campaign Financing   |   | \$5.00   | <del></del>     |                 |  |
| 23  |   | 28                             |                         |               |                                  | Trust Fund Contribution                     |  | Added           |                 |  |
| Zip   | Country   | Zip                            | Cour                    | ntry          |                                  | 8. This corporation has liability for       | r intendible   |                 |                 |  |
| 24  | 25  | 29                             | 30                      |               |                                  | Florida Statutes                            | Yes I  |                 | . 100.002,      |  |
|   | 9. Name and Address of Current                      | Registered Agent               | 1                       |               | <del></del>                      | 10. Name and Address of New F               |  |                 |                 |  |
|   |   |                                |                         | <b>B1</b>     | Name                             |   |  |                 |                 |  |
| BROWN, C. DAVID II ESQ.   |   |                                | ł                       | 82            | Stroot                           | Address (P.O. Box Number is Not Accept      | abla)  |                 |                 |  |
|   | D & CASSEL  | 62   3                         |                         |               | 300007                           | Address (F.O. Box Number is Not Accept      | ioie)  |                 |                 |  |
|   | RTH ORANGE AVE., SUITE 1100                         |                                | Ī                       | ВЗ            |                                  | ······································      |  |                 |                 |  |
|   | O FL 32801  |                                |                         |               | <u> </u>                         |   |  | <del></del>     |                 |  |
|   |   |                                | İ                       | B4            | City                             |   | FL   | <b>85</b> Zip t | Code            |  |
| 11. Pursuant t  | o the provisions of Sections 617.0502               | and 617.1508, Florida Statut   | es, the at              | OVE           | -named                           | corporation submits this statement for the  | purpose c  | f changing it   | s registered    |  |
| agent. Lar  | n familiar with, and accept the obligat             | tions of, Section 617.0503, Fi | aumonzec<br>orida State | utes<br>Jites | ine corp<br>3.                   | poration's board of directors. I hereby acc | apt the app  | continent as    | registerea      |  |
| SIGNATURE _   |   |                                |                         |               |                                  |   |  |                 |                 |  |
|   | Signature, typed or printed name of registered agen |                                | E Registered            | Age           | nt signature                     | required when reinstating)                  | DATE   |                 |                 |  |
| 12.   | OFFICERS AND  |                                | 13.                     | <u>.</u>      |                                  | ADDITIONS/CHANGES TO OFF                    | ICERS AN   |                 |                 |  |
| TITLE   | VPD   | DELETE                         | 1.1 TIT                 | LE            |                                  | 494   |  | Change          | Addition        |  |
| NAME  | DAME, DANA  |                                | 1.2 NA                  | ME            |                                  | Julie Adie                                  | <b>.</b>   | $\wedge$        | _               |  |
| STREET ADDRESS  | 900 WORLD TRADE CENTER                              |                                | 1.3 ST                  | REET          | ADDRESS                          | goo world TT                                | LG dë  | Cen             | TEL             |  |
| CHY-SI-ZiP  | NORFOLK VA 23510                                    |                                | 1.4 CIT                 | Y-S           | T-ZIP                            | NONFOIK VA 2                                | 3510   |                 |                 |  |
| THLE  | D   | ☐ DELETE                       | 2.1 TIT                 | LE            |                                  | Harry Adaliana                              |  | Change          | Addition        |  |
| NAME  | PEREZ, LYN  |                                | 2.2 NA                  | ME            |                                  | TEN MCKER                                   | _ (  | ) i .           | 77              |  |
| STREET ADDRESS  | 1015 MAITLAND CENTER COM                            | MMONS                          | 2.3 STREET ADDRESS      |               |                                  | 2500 MAITHALL CE                            |  | runnb           | 14 103          |  |
| CITY-ST-ZIP   | MAITLAND FL 32751                                   |                                | 2.4 CI                  | TY-S          | iT-ZIP                           | MAINAND FI 3                                | <u> </u>   | <u> </u>        |                 |  |
| TITLE   | DT  | ☐ DELETE                       | 3.1 TIT                 | LE            |                                  |   |  | Change          | ☐ Addition      |  |
| NAME  | BRANTLEY, RUSTY                                     |                                | 3.2 NA                  | ME            | ļ                                |   |  |                 |                 |  |
| STREET ADDRESS  | 6220 S. ORANGE BLOSSOM                              | TR.                            | 3.3 ST                  | REET          | ADDRESS                          |   |  |                 |                 |  |
| DITY-ST-ZIP   | ORLANDO FL 32809                                    |                                | 3.4. CI                 | TY-5          | 5T-21P                           |   |  |                 |                 |  |
| TULE  | D   | ☐ DELETE                       | 4.1 TIT                 | LE            |                                  |   |  | Change          | Addition        |  |
| NAME  | Krepak, Richard                                     |                                | 4. 2 NA                 | ME            | }                                |   |  |                 |                 |  |
| STREET ADDRESS  | 201 S. ORANGE AVENUE                                |                                | 4.3 ST                  | REET          | ADDRESS                          |   |  |                 |                 |  |
| DITY-ST-ZIP   | ORLANDO FL 32801                                    |                                | 4.4 00                  | Y-\$          | T-ZiP                            |   |  |                 |                 |  |
| TITLE   | PD  | DELETE                         | 5.1 TIT                 |               |                                  |   |  | Change          | ☐ Addition      |  |
| NAME  | DEVANE, DONALD                                      |                                | 5.2 NA                  | ME            |                                  |   |  |                 |                 |  |
| STREET ADDRESS  | 900 WINDERELEY PLACE, SUI                           | TE 100                         | 5.3 ST                  | REET          | ADDRESS                          |   |  |                 |                 |  |
| €ITY-ST-ZIP   | MAITLAND FL 32751                                   |                                | 5.4 Cf1                 |               | - 1                              |   |  |                 |                 |  |
| TITLE   | SO  | ☐ DELETE                       | 6.1 TIT                 |               |                                  |   |  | Change          | ☐ Addition      |  |
| NAME  | WALKER, LARRY                                       |                                | 6.2 NA                  |               | ļ                                |   |  | _ •             |                 |  |
| STREET ADDRESS  | 115 MARKS STREET                                    |                                |                         |               | ADDRESS                          |   |  | ٠               |                 |  |
| DIT. OF 30  | ODIANDO EL 22001                                    |                                | 0.0 011                 |               |                                  |   |  |                 |                 |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanded, or on an attachment with an address. SIGNATURE:

4/21/97 (407) 660- 9555

**FILED** 

Apr 30 1997 8:00am

Secretary of State