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Jul 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 20256
1. Corporation Name
Maitland Center Property Owners PAC, Inc.

Principal Place of Business Mailing Address
C/ Jonnie MAE WARREN SAME
2400 MAITLAND CENTER PARKWAY, STE. 100
MAITLAND, FL 32751

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 4/21/98
4. FEI Number 59-2822803
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
Brown, C. David II Esq.
C/ Broad + Cassel
390 N. ORANGE AVE - STE 1100
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	Julie Adie	
STREET ADDRESS	900 World Trade Center	
CITY-ST-ZIP	Norfolk, VA 23504	
TITLE	D. Len McKee	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS	2800 MAITLAND CENTER PARKWAY, STE 100	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Donald L. DeVang	
STREET ADDRESS	500 Winderley Place, STE. 100	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	TD RUSTY BRANTLEY	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	6220 S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	SD LARRY WALKEN	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	115 MARKS STREET	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	DLynn Perez	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	1015 Maitland Center Commons, STE 102	
CITY-ST-ZIP	MAITLAND, FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D Richard Krepala	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2015 ORANGE AVE - STE 1400	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE	D Bob Atkins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2700 WESTHALL LANE	
2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
3.1 TITLE	PD Jonnie MAE WARREN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2400 MAITLAND CENTER PKWY, STE 100	
3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Jonnie Mae Warren 6/22/98 (407) 660-2090

CR2E037 (10/97)