

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90003 025 ****70.00

DOCUMENT # N20256

1. Corporation Name

MAITLAND CENTER PROPERTY OWNERS PAC, INC.

Principal Place of Business

% JONNIE MAE WARNER
2400 MAITLAND CENTET PKWY. STE. 100
MAITLAND FL 32751

Mailing Address

% JONNIE MAE WARNER
2400 MAITLAND CENTET PKWY. STE. 100
MAITLAND FL 32751



2. Principal Place of Business

21 % Donald L. DeVane

Suite, Apt. #, etc.

22 900 Winderley Place #148

City & State

23 Maitland, FL

Zip

24 32751

Country

25 USA

2a. Mailing Address

26 % Donald L. DeVane

Suite, Apt. #, etc.

27 900 Winderley Place #148

City & State

28 Maitland, FL

Zip

29 32751

Country

30 USA

3. Date Incorporated or Qualified

04/21/1987

4. FEI Number

59-2822803

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, C. DAVID II ESQ.
% BROAD & CASSEL
390 NORTH ORANGE AVE., SUITE 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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KRUPALA, RICHARD
STREET ADDRESS 201 S. ORANGE AVE. STE. 1400
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ DELETE

NAME ATKINS, BOB
STREET ADDRESS 2700 WESTHALL LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE TD ☐ DELETE

NAME BRANTLEY, RUSTY
STREET ADDRESS 6220 S. ORANGE BLOSSOM TR.
CITY-ST-ZIP ORLANDO FL 32809

TITLE PD ☐ DELETE

NAME WARNER, JONNIE MAE
STREET ADDRESS 2400 MAITLAND CENTER PKWY. STE. 100
CITY-ST-ZIP MAITLAND FL 32751

TITLE VPD ☐ DELETE

NAME DEVANE, DONALD
STREET ADDRESS 500 WINDERLEY PLACE, SUITE 100
CITY-ST-ZIP MAITLAND FL 32751

TITLE SD ☐ DELETE

NAME WALKER, LARRY
STREET ADDRESS 115 MARKS STREET
CITY-ST-ZIP ORLANDO FL 32801

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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900 Winderley Place, Suite 148

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, with all other like empowered.

SIGNATURE: Donald L. DeVane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99 407/660-9555

CR2E037 (11/98)

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