

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 026 ****61.25

40077025



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2968189 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N24611

1. Entity Name
MAITLAND SUMMIT PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business
1900 SUMMIT TOWER BLVD.
SUITE 750
ORLANDO, FL 32810

Mailing Address
1900 SUMMIT TOWER BLVD.
SUITE 750
ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box #
600 Northlake Blvd.

3. Mailing Address
600 Northlake Blvd.

Suite, Apt. #, etc.
Suite 110

Suite, Apt. #, etc.
Suite 110

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32701

Country
USA

Zip
32701

Country
USA

6. Name and Address of Current Registered Agent

RADER, SHAWN
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME IVEY, KEITH
STREET ADDRESS 1900 SUMMIT TOWER BLVD.
CITY-ST-ZIP ORLANDO, FL 32810

TITLE D ☒ Delete
NAME GOLDENBERG, NANCY
STREET ADDRESS 1900 SUMMIT TOWER BLVD.
CITY-ST-ZIP ORLANDO, FL 32810

TITLE D ☐ Delete
NAME SCOTT, MARGIE
STREET ADDRESS 1900 SUMMIT TOWER BLVD.
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition
NAME Shorten, Rose
STREET ADDRESS 600 Northlake Blvd., Ste 110
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE Director ☐ Change ☒ Addition
NAME Stream, Diane
STREET ADDRESS 600 Northlake Blvd., Ste 110
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE Director ☒ Change ☐ Addition
NAME Scott, Margie
STREET ADDRESS 600 Northlake Blvd., Ste 110
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Rose Shorten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (407) 831-1400
Date Daytime Phone #