

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N44815

1. Entity Name
**THE MAITLAND SANCTUARY HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**2002 WAYHAVEN CT
MAITLAND, FL 32751 US**

Mailing Address
**2002 WAYHAVEN CT
MAITLAND, FL 32751 US**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3102203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BREIT, DONNA
2002 WAYHAVEN CT
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | DP |
| NAME | THOMAS, RITA |
| STREET ADDRESS | 2611 WAUHAREN COURT |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | DV |
| NAME | GOROVITZ, AARON |
| STREET ADDRESS | 2006 WAYHAVEN CT |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | DST |
| NAME | BREIT, DONNA |
| STREET ADDRESS | 2002 WAYHAVEN CT |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/26/07-80008-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07

Date

4076454989

Daytime Phone #