

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002627 (8)**

1. Corporation Name

**MAYGROVE VILLAGE HOMEOWNERS ASS. INC.**



Principal Place of Business	Mailing Address
1725 GIB-GALLOWAY ROAD #6 LAKELAND FL 33809 US	1725 GIB-GALLOWAY RD. #6 LAKELAND FL 33809 US

3. Date Incorporated or Qualified	06/11/1993
4. FEI Number	59-3224283
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1725 GIB-GALLOWAY RD Suite, Apt. #, etc. 22 #19 City & State 23 LAKELAND, FL Zip 24 33810	25 1725 GIB-GALLOWAY RD Suite, Apt. #, etc. 26 #19 City & State 27 LAKELAND, FL Zip 28 33810
Country 25 POLK	Country 30 POLK

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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
JUBERT, PRISCILLA 1725 GIB-GALLOWAY RD #19 19 LAKELAND FL 33810	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUBERT, JOSEPH	1.2 NAME	
STREET ADDRESS	1725 GIB-GALLOWAY RD., #19	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDEL, CARL	2.2 NAME	LLOYD BURNHAM
STREET ADDRESS	1725 GIB-GALLOWAY RD., #22	2.3 STREET ADDRESS	1725 GIB-GALLOWAY RD. #15
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL. 33810
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, LOUISE	3.2 NAME	
STREET ADDRESS	1725 GIB-GALLOWAY RD., #15	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METEKEL, BILL	4.2 NAME	
STREET ADDRESS	1725 GIB GALLOWAY #71	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUBERT, PRISCILLA	5.2 NAME	
STREET ADDRESS	1725 GIB GALLOWAY RD., # 19	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, GEORGE	6.2 NAME	
STREET ADDRESS	1725 GIB-GALLOWAY RD., #38	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LLOYD BURNHAM
2.3 STREET ADDRESS	1725 GIB-GALLOWAY RD. #15
2.4 CITY-ST-ZIP	LAKELAND, FL. 33810
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Priscilla Jubert* 3/25/98 941-859-6632

CR2E037 (1097)