

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000398

1. Entity Name
FRIENDS OF MAITLAND'S WATERWAYS, INC.



Principal Place of Business
**1503 THE OAKS DR
MAITLAND, FL 32751**

Mailing Address
**1503 THE OAKS DR
MAITLAND, FL 32751**

DO NOT WRITE IN THIS SPACE



02142004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3220916

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REPONEN, BEVERLY J
1503 THE OAKS DR
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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000072913
03/02/04-80014-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WHITEHILL, ARTHUR
STREET ADDRESS	934 VERSAILLES CIRCLE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	PD
NAME	REPONEN, BEVERLY J
STREET ADDRESS	1503 THE OAKS DRIVE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	TD
NAME	PEACOCK, PATRICIA A.
STREET ADDRESS	815 LAKE CATHERINE DRIVE
CITY-ST-ZIP	MAITLAND, FL
TITLE	SD
NAME	BYRD, SHERI
STREET ADDRESS	1351 N LAKE SYBELIA DR
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

Date

Daytime Phone #

Beverly J. Reponen
Beverly J. Reponen

2-26-04 407-638-1461
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