


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000000398</b> 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
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3220916	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

<b>8. Name and Address of Current Registered Agent</b>  REPONEN, BEVERLY J 1503 THE OAKS DR MAITLAND, FL 32751
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITEHILL, ARTHUR 934 VERSAILLES CIRCLE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REPONEN, BEVERLY J 1503 THE OAKS DRIVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROWELL, DON 381 TROTTERS DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUE, DORIS 160 NOTTOWAY TRL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U00000892652  
04/23/08-80074-015 61.25

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:** Beverly J Reponer 4-8-08 407-628-1461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #