

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90906 047 ****61.25

DOCUMENT # **N 99000004534 FL Active**

1. Entity Name
**MAITLAND HIGHLANDS NEIGHBORHOOD
ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

674503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2021 Dyan Way
Suite, Apt. #, etc.

3. Mailing Address
2021 Dyan Way
Suite, Apt. #, etc.

City & State
Maitland, FL.
Zip
32751
Country
USA

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4. FEI Number
59-3591854
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael J. Miller
Street Address (P.O. Box Number is Not Acceptable)
2021 Dyan Way
City
Maitland, FL Zip Code
32751

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
Goldstein, Ellen
2101 Dyan Way
Maitland, FL, 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
MILLER, MICHAEL
2021 Dyan Way
Maitland, FL, 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
BALLARD, JOAN
261 Goldwater Court
Maitland, FL, 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
HALE, BARBARA
2021 Dyan Way
Maitland, FL, 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 407-245-7146

Date

Daytime Phone #

CR2E037B (12/01)