


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

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000004534</b> 1. Entity Name <b>MAITLAND HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>2021 DYAN WAY MAITLAND, FL 32751</b>	Mailing Address <b>2021 DYAN WAY MAITLAND, FL 32751</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3591854</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MILLER, MICHAEL 2021 DYAN WAY MAITLAND, FL 32751</b>	<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, ELLEN 2101 DYAN WAY MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MICHAEL 2021 DYAN WAY MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, JOAN 761 GOLDWATER COURT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, BARBARA 2071 DYAN WAY MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000063814  
02/23/04-80176-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>	<b>2/18/04</b> <small>Date</small>	<b>907-245-7146</b> <small>Daytime Phone #</small>
--	---------------------------------------	---