


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000077826 1. Entity Name MAITLAND CLUB, INC.		
Principal Place of Business 650 S. NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 650 S. NORTHLAKE BLVD. SUITE 450 ALTAMONTE SPRINGS, FL 32701 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent LECCESE, SALVADOR F 650 S. NORTHLAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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: <u><i>Salvador F. Leccese</i></u> (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000407063 02/08/06-80001-017 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LECCESE, JACQUELINE C 650 S. NORTHLAKE BLVD, SUITE 450 ALTAMONTE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GROSCH, FRANK K 650 S. NORTHLAKE BLVD, SUITE 450 ALTAMONTE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LECCESE, SALVADOR F 650 S. NORTHLAKE BLVD, SUITE 450 ALTAMONTE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 607, 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: <u><i>Salvador F. Leccese</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-25-06 407-645-5575 <small>Date Daytime Phone #</small>



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3283499	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	