

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749186

1. Entity Name

MAPLE WOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90041 011 ****61.25

Principal Place of Business

7686 WILES ROAD
CORAL SPRINGS FL 33067
US

Mailing Address

7686 WILES ROAD
CORAL SPRINGS FL 33067-2069
US

2. Principal Place of Business

10034 W McNab Rd
Suite, Apt. #, etc.
Tamarac, FL
City & State
33321
Zip

3. Mailing Address

10034 W McNab Rd
Suite, Apt. #, etc.
Tamarac, FL
City & State
33321
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2061537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, JAMES R.
C/O CONSOLIDATED
7686 WILES ROAD
CORAL SPRINGS FL 33067
10034 W. McNab Road
Tamarac FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW.
FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	FEINSTEIN, STEVE	
STREET ADDRESS	2004 MAPLEWOOD DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEAD, MICKEY	
STREET ADDRESS	2028 MAPLEWOOD DR	
CITY-ST-ZIP	CORAL SPGS FL 33067	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NANGLE, MIKE	
STREET ADDRESS	2005 MAPLEWOOD DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INGINO, MIKE	
STREET ADDRESS	2099 MAPLEWOOD DR	
CITY-ST-ZIP	CORAL SPGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)