

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90211 014 \*\*\*\*61.25

**DOCUMENT # 749186**

1. Entity Name  
MAPLE WOOD VILLAS HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business  
10034 W. MCNAB ROAD  
TAMARAC, FL 33321 US

Mailing Address  
10034 W. MCNAB ROAD  
TAMARAC, FL 33321 US

**94073537**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

MILES, JAMES R  
C/O CONSOLIDATED  
10034 W MCNAB RD  
TAMARAC, FL 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME NANGLE, MIKE  
STREET ADDRESS 10034 W. MCNAB RD.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SD ☐ Delete  
NAME FROETSCHER, LINDA  
STREET ADDRESS 10034 W. MCNAB RD.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD ☐ Delete  
NAME INGINO, MIKE  
STREET ADDRESS 10034 W. MCNAB ROAD  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VPD ☐ Delete  
NAME FEINSTEIN, STEVE  
STREET ADDRESS 10034 W. MCNAB RD.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D ☐ Delete  
NAME BIENER, MARK  
STREET ADDRESS 10034 W. MCNAB RD.  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #