

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749186

FILED
Apr 29, 2005
Secretary of State

Entity Name: MAPLE WOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10034 W. MCNAB ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

10034 W. MCNAB ROAD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-2061537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NANGLE, MIKE
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: FROETSCHER, LINDA
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: INGINO, MIKE
Address: 10034 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete
Name: FEINSTEIN, STEVE
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: BIENER, MARK
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL NANGLE

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date