

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J02272** (9)
1. Corporation Name
MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1900 S. HARBOR CITY BLVD SUITE 115 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/03/1986** 3a. Date of Last Report **03/31/1994**

4. FEI Number **59-2777579** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **47 W. New Haven Ave.** 26 **47 W. New Haven Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 101** 27 **Suite 101**
City & State City & State
23 **Melbourne, Florida** 28 **Melbourne, Florida**
Zip Country Zip Country
24 **32901** 25 **U.S.A.** 29 **32901** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
DEANS, THOMAS W.
1900 S. HARBOR CITY BLVD SUITE 115 MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **47 W. New Haven Ave., Suite 101**
83
84 City **Melbourne** FL 85 Zip Code **32901**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARRA, MARJORIE J
STREET ADDRESS	3905 S LAKESHORE DR
CITY - ST - ZIP	COCOA FL
TITLE	VPD
NAME	HOLROD, NORMAN
STREET ADDRESS	510 ARDEN ST
CITY - ST - ZIP	COCOA FL
TITLE	SD
NAME	OGILVE, CAROL
STREET ADDRESS	403 ARDEN ST
CITY - ST - ZIP	COCOA FL
TITLE	TD
NAME	OGILVE, DONALD
STREET ADDRESS	403 ARDEN ST
CITY - ST - ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	2ND V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James R. McOwen
3.3 STREET ADDRESS	3904 W. Barbara St.
3.4 CITY - ST - ZIP	Cocoa, FL. 32926
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phyllis Kidd
4.3 STREET ADDRESS	410 Arden St.
4.4 CITY - ST - ZIP	Cocoa, FL. 32926
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elizabeth Forbes
5.3 STREET ADDRESS	3813 S. South Lakeshore Dr.
5.4 CITY - ST - ZIP	Cocoa, FL. 32926
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie J. Farra (Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4/10/95 (Type the date)