

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
47 W NEW HAVEN AVE STE 101 MELBOURNE FL 32901 US

3. Date incorporated or Qualified **03/03/1986** 3a. Date of Last Report **03/23/1995**
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
21 **47 W. New Haven Av** 2a. Mailing Address
26 **47 W. New Haven Ave**
22 **200** Suite, Apt. #, etc.
27 **200**
23 **Melbourne, FL** City & State
28 **Melbourne, FL**
24 **32901** Zip 25 **US** Country
29 **32901** Zip 30 **US** Country

9. Name and Address of Current Registered Agent
**DEANS, THOMAS W.
47 W NEW HAVEN AVE
STE 101
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81 Name **DEANS, THOMAS W.**
82 Street Address (P.O. Box Number is Not Acceptable)
47 W. New Haven Ave
83 **Ste 200**
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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-19-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARRA, MARJORIE J	
STREET ADDRESS	3905 S LAKESHORE DR	
CITY - ST - ZIP	COCOA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLROD, NORMAN	
STREET ADDRESS	510 ARDEN ST	
CITY - ST - ZIP	COCOA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OGLIVE, CAROL	
STREET ADDRESS	403 ARDEN ST	
CITY - ST - ZIP	COCOA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIDD, PHYLLIS	
STREET ADDRESS	410 ARDEN ST	
CITY - ST - ZIP	COCOA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FORBES, ELIZABETH	
STREET ADDRESS	3813 S. SOUTH LAKESHORE DR.	
CITY - ST - ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 2 NAME	2nd VPD NIEWIAROWSKI, ALICE
3 3 STREET ADDRESS	3907 DEBORAH ST.
3 4 CITY - ST - ZIP	COCOA, FL. 32926
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
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 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/15/96** (407) 632-1693
DATE OF FILING

CR2E034 (12/95)