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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: **47 W NEW HAVEN AV 200 MELBOURNE FL 32001 US**  
Mailing Address: **47 W NEW HAVEN AVE 200 MELBOURNE FL 32001-4477 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **03/03/1986**  
3a. Date of Last Report: **04/29/1996**  
4. FEI Number: **59-2777579**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
5. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DEANS, THOMAS W  
47 W NEW HAVEN AVE  
STE 101  
MELBOURNE FL 32001**

10. Name and Address of New Registered Agent  
81 Name: **THOMAS W. DEANS**  
82 Street Address (P.O. Box Number is Not Acceptable): **47 W. New Haven Ave**  
83 Suite: **Suite 200**  
84 City: **Melbourne** 85 Zip Code: **FL 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 provisions of Section 607.0505, Florida Statutes.  
SIGNATURE: *Thomas W. Deans* **THOMAS W. DEANS** 1-15-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARRA, MARJORIE J	
STREET ADDRESS	3905 S LAKESHORE DR	
CITY-ST-ZIP	COCOA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOLROD, NORMAN	
STREET ADDRESS	510 ARDEN ST	
CITY-ST-ZIP	COCOA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NIEMAROWSKI, ALICE	
STREET ADDRESS	3907 DEBORAH ST	
CITY-ST-ZIP	COCOA FL	
TITLE	SD	<input checked="" 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		

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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCIOLLA, JOE	
2.3 STREET ADDRESS	3891 ARDEN ST.	
2.4 CITY-ST-ZIP	COCOA, FL. 32926	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOORE, BETTY	
3.3 STREET ADDRESS	304 CAPE AVE.	
3.4 CITY-ST-ZIP	COCOA, FL. 32926	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MANGAN, JOHN	
4.3 STREET ADDRESS	3890 BARBARA ST	
4.4 CITY-ST-ZIP	COCOA, FL. 32926	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **MARJORIE J. FARRA** 3/3/97 (407) 632-1693  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)