

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J02272 (9)**

1. Corporation Name  
**MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>47 W NEW HAVEN AV 200 MELBOURNE FL 32901 US</b>	Mailing Address <b>47 W NEW HAVEN AVE 200 MELBOURNE FL 32901 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>03/03/1986</b>	
4. FEI Number <b>59-2777579</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEANS, THOMAS W  
47 W NEW HAVEN AVE  
SUITE 200  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <del>XX</del> DELETE
NAME	FARRA, MARJORIE J
STREET ADDRESS	3905 S LAKESHORE DR
CITY-ST-ZIP	COCOA FL
TITLE	VPD <del>XX</del> DELETE
NAME	SCIOLLA, JOE
STREET ADDRESS	3891 ARDEN ST.
CITY-ST-ZIP	COCOA FL
TITLE	VPD <del>XX</del> DELETE
NAME	MOORE, BETTY
STREET ADDRESS	304 CAPE AVE
CITY-ST-ZIP	COCOA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MANGAN, JOHN
STREET ADDRESS	3890 BARBARA ST.
CITY-ST-ZIP	COCOA FL
TITLE	TD <del>XX</del> 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	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS B. FORBES
1.3 STREET ADDRESS	3813 S. LAKESHORE DR.
1.4 CITY-ST-ZIP	COCOA, FL. 32926
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINDA EDGINGTON
2.3 STREET ADDRESS	3906 S. LAKESHORE DR.
2.4 CITY-ST-ZIP	COCOA, FL. 32926
3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PEARL FLYNN
3.3 STREET ADDRESS	708 W. LAKESHORE DR.
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARILYN BASS
5.3 STREET ADDRESS	3811 S. 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 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: THOMAS B. FORBES *Thomas B. Forbes* 2/27/98 1171122222

CR2E034 (10/97)