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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90072 041 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 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 SUITE 200 MELBOURNE, FL 32901 US  
 Mailing Address: 47 W. NEW HAVEN AVE SUITE 200 MELBOURNE, FL 32901 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1986  
 4. FEI Number: 59-2777579 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21 3813 S. LAKESHORE DR Suite, Apt. #, etc. COCOA, FL City & State 23 Zip 32926 Country US  
 2a. Mailing Address: 26 3813 S. LAKESHORE DR Suite, Apt. #, etc. COCOA, FL City & State 28 32926 Zip 29 329226 Country 30 US

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 FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D <input type="checkbox"/> DELETE	NAME: THOMAS B. FORBES	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3813 S. LAKESHORE DR.	CITY-ST-ZIP: COCOA, FL 32926	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: VP/D <input checked="" type="checkbox"/> DELETE	NAME: LINDA EDGINGTON	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3906 S. LAKESHORE DR.	CITY-ST-ZIP: COCOA, FL 32926	2.2 NAME: REGINA SKORKUC	
		2.3 STREET ADDRESS: 408 W. ARDENSTE DR	
		2.4 CITY-ST-ZIP: COCOA, FL 32926	
TITLE: VP/D <input checked="" type="checkbox"/> DELETE	NAME: PEARL FLYNN	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 708 W. LAKESHORE DR.	CITY-ST-ZIP: COCOA, FL 32926	3.2 NAME: AGNES SMITH	
		3.3 STREET ADDRESS: 611 W. LAKESHORE DR	
		3.4 CITY-ST-ZIP: COCOA, FL. 32926	
TITLE: S/D <input checked="" type="checkbox"/> DELETE	NAME: JOHN MANGAN	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3890 BARBARA ST	CITY-ST-ZIP: COCOA, FL 32926	4.2 NAME: PEARL FLYNN	
		4.3 STREET ADDRESS: 708 W. LAKESHORE DR	
		4.4 CITY-ST-ZIP: COCOA, FL 32926	
TITLE: T/D <input type="checkbox"/> DELETE	NAME: MARILYN BASS	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3811 S. LAKESHORE DR	CITY-ST-ZIP: COCOA, FL. 32926	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		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, with all other like empowered.

SIGNATURE: Thomas B Forbes THOMAS B. FORBES Date: 3/4/99 Daytime Phone #

CR2E034 (1/198)