

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90016 048 ***150.00

DOCUMENT # J02272

1. Entity Name

MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3813 S. LAKESHORE DR.
 COCOA FL 32926
 US

3813 S. LAKESHORE DR.
 COCOA FL 32926-3256
 US

2. Principal Place of Business

3811 S. Lakeshore Dr

Suite, Apt. #, etc.

3. Mailing Address

3811 S. Lakeshore Dr.

Suite, Apt. #, etc.

City & State
 Cocoa, FL

City & State
 Cocoa, FL

Zip
 32926

Country
 US

Zip
 32926

Country
 US

4. FEI Number **59-2777579**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **FORBES, THOMAS B**
 STREET ADDRESS **3813 S LAKESHORE DR**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **PD** Change Addition
 NAME **Cyril J. Bender**
 STREET ADDRESS **414 Elinor St.**
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **VPD** Delete
 NAME **KORKUC, REGINA**
 STREET ADDRESS **408 W. ARDEN STREET**
 CITY-ST-ZIP **COCCOA FL 32926**

TITLE **VPD** Change Addition
 NAME **Marilyn Bass**
 STREET ADDRESS **3811 S. Lakeshore Dr.**
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **VPD** Delete
 NAME **SMITH, AGNES**
 STREET ADDRESS **611 W. LAKESHORE DR.**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **FLYNN, PEARL**
 STREET ADDRESS **708 W. LAKESHORE DR.**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **SD** Change Addition
 NAME **Marjorie J. Farra**
 STREET ADDRESS **3905 S. Lakeshore Dr.**
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **TD** Delete
 NAME **BASS, MARILYN**
 STREET ADDRESS **3811 S LAKESHORE DR**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **TD** Change Addition
 NAME **Marjorie J. Farra**
 STREET ADDRESS **3905 S. Lakeshore Dr.**
 CITY-ST-ZIP **Cocoa FL 32926**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie J. Farra *Marjorie J. Farra* 3/21/00 (321)632-1693
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #