


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91227 037 ***150.00

DOCUMENT # J02272
 1. Entity Name
MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**38¹/₂ S LAKESHORE DR
 COCOA, FL 32926 US**

Mailing Address
**38¹/₂ S LAKESHORE DR
 COCOA, FL 32926 US**

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2777579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSEN, LLOYD G 406 ELINOR ST. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BASS, MARILYN <i>William Restle</i> 3841 S LAKESHORE DR 607 E Lakeshore Dr COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STB FARRA, MARJORIE <i>JEAN Lighthouse</i> 3808 S LAKESHORE DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Farr Mary Flynn 708 W. Lakeshore Dr. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gordon Hale 302 Cape Av. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Agnes Laphan 3889 N. Lakeshore Dr. COCOA, FL 32926

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lloyd G. Olsen* **LLOYD G. OLSEN** 4/26/04 770-630-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #