

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J02272

1. Entity Name
MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**3807 S LAKESHORE DR
 COCOA, FL 32926 US**

Mailing Address
**3807 S LAKESHORE DR
 COCOA, FL 32926 US**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2777579** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OLSEN, LLOYD
STREET ADDRESS	406 ELINOR ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VPD
NAME	RESTLE, WILLIAM
STREET ADDRESS	607 E LAKESHORE DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	ST
NAME	LIGHTHOUSE, JEAN
STREET ADDRESS	3807 S LAKESHORE DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	TR
NAME	FLYNN, PEARL M
STREET ADDRESS	708 W. LAKESHORE DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	HALE, GORDON
STREET ADDRESS	302 CAPE AV.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	LAPHEN, AGNES
STREET ADDRESS	3889 N. LAKESHORE DR.
CITY-ST-ZIP	COCOA, FL 32926

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 05/03/05-80071-006 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 A. Olsen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 *321-639-7055*
 Date Daytime Phone #