

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02272

FILED
Jan 07, 2008
Secretary of State

Entity Name: MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

607 E. LAKESHORE DR.
COCOA, FL 32926 US

New Principal Place of Business:

3905 N. LAKESHORE DR
COCOA, FL 32926 US

Current Mailing Address:

607 E. LAKESHORE DR.
COCOA, FL 32926 US

New Mailing Address:

3905 N. LAKESHORE DR
COCOA, FL 32926 US

FEI Number: 59-2777579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESTLE, WILLIAM
Address: 607 E. LAKESHORE DR..
City-St-Zip: COCOA, FL 32926

Title: VPD () Delete
Name: PRICE, LEE
Address: 511 ELINORE ST.
City-St-Zip: COCOA, FL 32926

Title: STTR () Delete
Name: BAKER, SARA
Address: 609 W LAKESHORE DR.
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: HALE, GORDON
Address: 302 CAPE AV.
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: EARHART, CAROLYN
Address: 3905 N. LAKESHORE DR
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EARNHARDT, CAROLYN
Address: 3905 N. LAKESHORE DR.
City-St-Zip: COCOA, FL 32926

Title: VPD (X) Change () Addition
Name: BEAVERSON, NANCY
Address: 509 CAPE AVE
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RESTLE, WILLIAM
Address: 607 E. LAKESHORE DR.
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM RESTLE

DR.

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date