

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02272

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3905 N. LAKESHORE DR  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

3905 N. LAKESHORE DR  
COCOA, FL 32926 US

**New Mailing Address:**

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: EARNHARDT, CAROLYN  
Address: 3905 N. LAKESHORE DR.  
City-St-Zip: COCOA, FL 32926

Title: VPD ( ) Delete  
Name: BEAVERSON, NANCY  
Address: 509 CAPE AVE  
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: RESTLE, WILLIAM  
Address: 607 E. LAKESHORE DR.  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: CAROLYN EARHART

PD

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date