

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J02272

1. Entity Name

MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

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  
USA

Zip  
32926

Country  
USA

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

7. Name and Address of Current Registered Agent

Name  
DEANS, THOMAS W

Street Address (P.O. Box Number is Not Acceptable)  
~~47 W. NEW HAVEN AVE~~

City MELBOURNE FL Zip Code 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President OLSEN, LLOYD 406 ELINOR ST. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vp BASS, MARILYN 3811 S. Lakeshore Dr. Cocoa, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FARRA, MARJORIE J. 3905 S. LAKESHORE DR. COCOA, FL 32926 DR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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900016232729  
04/18/03--01014--004 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten Signature]*

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie J. Farra

*[Handwritten Signature: Marjorie J. Farra]*

4/15/03

(904) 925-9649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**FILED**

03 JUN -2 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA