

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011006

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** MAPLE GARDENS THREE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 20-1292107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W  
C/O SENTRY MANAGEMENT INC.  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMORE, CONNIE  
Address: 159 SUFFOLK AVE  
City-St-Zip: REVERE, MA 02151

Title: TSD ( ) Delete  
Name: JOHNSTON, BERNARD  
Address: 910 RUTH DR  
City-St-Zip: ELGIN, IL 60123

Title: D ( ) Delete  
Name: KADYSSEV, ALEX  
Address: 6653 PLANTATION PRESERVE CIR N  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: STEMPNOWSKI, JANUSZ  
Address: 10105 HATTERAS CT  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: DODIER, ODETTE  
Address: 12515 MCGREGOR BLVD #111A  
City-St-Zip: FORT MYERS, FL 33919

**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: VPD (X) Change ( ) Addition  
Name: DODIER, ODETTE  
Address: 12515 MCGREGOR BLVD #111A  
City-St-Zip: FORT MYERS, FL 33919

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE AMORE

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date