

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005450 (0)**

1. Corporation Name
THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.



Principal Place of Business: 1120 GOODLETTE ROAD NORTH, NAPLES FL 33940
Mailing Address: 1120 GOODLETTE ROAD NORTH, NAPLES FL 33940

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

TACKETT, JAMES
1120 GOODLETTE ROAD NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81	Name	William A. Pfeiffer	
82	Street Address (P.O. Box Number is Not Acceptable)	1124 Goodlette Road	
83			
84	City	Naples	
	State	FL	
85	Zip Code	33940	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *William A. Pfeiffer* *William A. Pfeiffer* DATE: 2-5-96

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	TACKETT, JAMES	
STREET ADDRESS	1120 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	STD	<input type="checkbox"/>
NAME	BURR, MARK	
STREET ADDRESS	1120 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/>
NAME	SEYBOLD, LAVERNA	
STREET ADDRESS	1120 GOODLETTE ROAD NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
12	NAME		
13	STREET ADDRESS		
14	CITY-ST-ZIP		
21	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
22	NAME		
23	STREET ADDRESS		
24	CITY-ST-ZIP		
31	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
32	NAME		
33	STREET ADDRESS		
34	CITY-ST-ZIP		
41	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
42	NAME		
43	STREET ADDRESS		
44	CITY-ST-ZIP		
51	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
52	NAME		
53	STREET ADDRESS		
54	CITY-ST-ZIP		
61	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
62	NAME		
63	STREET ADDRESS		
64	CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laverna S. Seybold* LAVERNA S. SEYBOLD DATE: 2/2/96 941-643-5800

CR2E037 (12/95)