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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1120 GOODLETTE ROAD NORTH
NAPLES FL 33940

1120 GOODLETTE ROAD NORTH
NAPLES FL 34102-5451

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1044 Castello Drive

Suite, Apt. #, etc.

27

Suite 206

28

City & State

29

Naples, Florida

30

34103

Country

USA

4. FEI Number

APPLIED FOR 65-0643157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFEIFFER, WILLIAM A.
1124 GOODLETTE ROAD
NAPLES FL 33940

81 Name

Southwest Property Management Corp.

82 Street Address (P.O. Box Number Is Not Acceptable)

1044 Castello Drive

83 Suite

Suite 206

84 City

Naples

FL

85 Zip Code

34103

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

Stephen E. Williams

STEPHEN E. WILLIAMS

4/7/97

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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; 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 or changed, or on an attachment with an address.

SIGNATURE:

JAMES TACKETT

4/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058884

CR2E037 (9/96)