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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: **1044 CASTELLO DR SUITE 206 NAPLES FL 34103 US**

3. Date Incorporated or Qualified: **11/15/1995**
4. FEI Number: **65-0643157**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 **1152 Goodlette Rd N.**
22 Suite, Apt. #, etc.
23 **Naples, FL**
24 Zip **34102** 25 Country **USA**
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
**SOUTHWEST PROPERTY MGMT. CORP.
1044 CASTELLO DR
SUITE 206
NAPLES FL 34103**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TACKETT, JAMES	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1120 GOODLETTE ROAD NORTH NAPLES FL 33940	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1152 Goodlette Road North Naples, FL 34102
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD BURR, MARK	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1120 GOODLETTE ROAD NORTH NAPLES FL 33940	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	ST D Jean Strobel 1152 Goodlette Road North Naples, Florida 34102
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SEYBOLD, LAVERNA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1120 GOODLETTE ROAD NORTH NAPLES FL 33940	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	Seybold, Laverna 1152 Goodlette Road North Naples, FL 34102
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  **JAMES E. TACKETT** 4/13/98 941-643-5800

CR2E037 (10/97)