FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500005450

1. Corporation Name

THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.

Principal Place of Busines	S
1152 GOODLETTE RD N NAPLES FL 34102	
US	

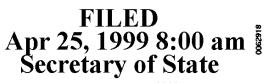
2. Principal Place of Business

Mailing Address

1044 CASTELLO DR SUITE 206 NAPLES FL 34103

2a. Mailing Address

26



04-25-1999 90027 014 ****61.25



Applied For

3. Date Incorporated or Qualifed

11/15/1995

4. FEI Number

Suite, Apt.	*, etc. Suite, Apt. #, etc.			4. FEI Number			Applied For	
22	27		-		65-0643157		Applicable	
City & State					5. Certificate of Status Desired	\$8.75 A	I	
23	_	28			or contracts or classes assumed	Fee Rec	uired	
Zip	Country	Zip Co			6. Election Campaign Financing	\$5.00		
24	25	29 30	<u> </u>		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
			81	Name				
SOUTHWEST PROPERTY MGMT. CORP.				82 Street Address (P.O. Box Number is Not Acceptable)				
1044 CASTELLO DR								
SUITE 206				83				
NAPLES FL 34103			84	84 City 85 Zip Code				
Wa LLO	2 3 1 10 3		04	City]	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpo	pration submits this statement for the purpo	se of changing its r	egistered	
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.								
	in lamiliar with, and accept the obligat	1013 01, Obellon 017.3000, 1 101101	. 01010100	'				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	t signature required				
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR		
TITLE	PD	☐ DELETE	1.1 TITLE		0 1	Change	☐ Addition	
NAME	TACKETT, JAMES.		1.2 NAME UC		iter, Ronald 14 Embassy 1000as B	1 4	}	
STREET ADDRESS	1152 GOODLETTE RD N		1.3 STREET	ADDRESS (5)	14 Empress, 1000015 \$	100%	1	
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-S1	-ZIP	+ C11100000			
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	STROBEL, JEAN -		2.2 NAME	(D)	iaz Haria	•	-	
STREET ADDRESS	1152 GOODLETTE RD-N		2.3 STREET	ADDRESS 1	iaz, Haria 14 Embassy Woods 3)	va.	į	
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-S		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	•		
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	SEYBOLD, LAVERNA.		3.2 NAME	Co	no Wark		1	
STREET ADDRESS	1152 GOODLETTE RD N		3.3 STREET	ADDRESS / 5	on, Mark 14 Embassy Woods	Blud.		
CITY-ST-ZIP	NAPLES FL 34102		3.4. CITY-S		14 chousey	,		
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-zip			}	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	r-ZIP				
	g# 535/*	☐ DELETE	6.1 TITLE			Change	Addition	
NAME THE ST	t weeks		6.2 NAME				ļ	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY OF 7ID	to the contract of the contrac		6.4 CITY-S				j	
14. I hereby	certify that the information supplied wit	h this filing does not qualify for th	e exempt	on stated in S	section 119.07(3)(i), Florida Statutes. I furth	er certify that the in	formation	

rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with an address, with all other like empowered.