

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90246 004 ****61.25

DOCUMENT # N95000005450

1. Entity Name

THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1152 GOODLETTE RD N
 NAPLES, FL 34102
 S

1044 CASTELLO DR
 SUITE 206
 NAPLES FL 34103
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0643157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHWEST PROPERTY MGMT. CORP.
1044 CASTELLO DR
SUITE 206
NAPLES FL 34103

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAC, BEN	
STREET ADDRESS	423 CROSSFIELD CR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALIBRANDO, ALFRED MR	
STREET ADDRESS	431 CROSSFIELD CR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODWARD, MARILYN	
STREET ADDRESS	487 CROSSFIELD CR	
CITY-ST-ZIP	NAPLES FL 34104	
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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Harvey	
STREET ADDRESS	579 Crossfield Circle	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Barry McConway	
STREET ADDRESS	603 Crossfield Circle	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	SD/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Elliott	
STREET ADDRESS	587 Crossfield Circle	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Via	
STREET ADDRESS	583 Crossfield Circle	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SKIN REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 261-3440
Date Daytime Phone #

CR2E037 (9/01)