2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005450

FILED Apr 28, 2005 Secretary of State

Entity Name: THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1152 GOODLETTE RD N 2360 LONGBOAT DRIVE NAPLES, FL 34102 US NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

1044 CASTELLO DR 2360 LONGBOAT DRIVE SUITE 206 NAPLES, FL 34104 US NAPLES, FL 34103 US

FEI Number: 65-0643157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUTHWEST PROPERTY MGMT. CORP.

1044 CASTELLO DR

SUITE 206

NAPLES, FL 34103 US

ED BOOT PROPERTY MANAGEMENT
2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

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: ED BOOT 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: ST (X) Change () Addition Name: MCDANIEL, KAREN Name: MCDANIEL, KAREN

 Address:
 491 CROSSFIELD CIR.
 Address:
 665 CROSSFIELD CIR.

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:
 NAPLES, FL 34104

Title: VD () Delete Title: PD (X) Change () Addition Name: ANDRESKY, MICHAEL Name: ANDRESKY, MICHAEL

Address: 415 CROSSFIELD CIRCLE Address: 415 CROSSFIELD CIRCLE City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104

Title: SD () Delete Title: VPD (X) Change () Addition

Name: JOHN, ELAINE Name: JOHN, ELAINE

Address: 455 CROSSFIELD CIRCLE
City-St-Zip: NAPLES, FL 34104

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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ANDRESKY PD 04/28/2005