


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90100 042 ****61.25

DOCUMENT # N95000005450

1. Entity Name
THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address

**2360 LONGBOAT DRIVE
 NAPLES FL 34104
 US** **2360 LONGBOAT DRIVE
 NAPLES FL 34104
 US**



2. Principal Place of Business 3. Mailing Address

3400 Tamiami Trail North **3400 Tamiami Trail North**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 302 **Suite 302**

City & State City & State

Naples FL **Naples FL**

Zip Country Zip Country

34103 **USA** **34103** **USA**

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

65-0643157 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ED BOOT PROPERTY MANAGEMENT
 2360 LONGBOAT DRIVE
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **Edward J. Boot**

Street Address (P.O. Box Number is Not Acceptable)
3400 Tamiami Trail North

Suite 302

City **Naples** FL Zip Code **34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edward J. Boot** **[Signature]** **4-10-06**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCDANIEL, KAREN 665 CROSSFIELD CIR. NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRESKY, MICHAEL 415 CROSSFIELD CIRCLE NAPLES FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHN, ELAINE 455 CROSSFIELD CIRCLE NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MICHAEL ANDRESKY 415 Crossfield circle Naples FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Bob Harvey 579 Crossfield Circle Naples FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Mary Lou Pollard 665 Crossfield Circle Naples FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **[Signature]** **3/12/2006**