

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 07, 2008  
Secretary of State**

DOCUMENT# N95000005450

Entity Name: THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

2360 LONGBOAT DRIVE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

2360 LONGBOAT DRIVE  
NAPLES, FL 34104 US

**New Mailing Address:**

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

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

BOOT, EDWARD  
2360 LONGBOAT DRIVE  
NAPLES, FL 34104 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANDRESKY, MICHAEL  
Address: 415 CROSSFIELD CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete  
Name: HASKETT, PAUL  
Address: 531 CROSSFIELD CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: TS ( ) Delete  
Name: FLESHER, ROBERT  
Address: 551 CROSSFIEL CIRCLE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: FLESHER, ROBERT  
Address: 551 CROSSFIELD CIRCLE  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date