

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0053193

05-05-2003 90191 021 ****61.25

DOCUMENT # N95000005450

1. Entity Name

THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.



Principal Place of Business

**1152 GOODLETTE RD N
NAPLES FL 34102
US**

Mailing Address

**1044 CASTELLO DR
SUITE 206
NAPLES FL 34103
US**

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

SIGNATURE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **HARVEY, ROBERT**
STREET ADDRESS **579 CROSSFIELD CIRCLE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** Change Addition
NAME **McDaniel, Karen**
STREET ADDRESS **491 Crossfield Cir.**
CITY-ST-ZIP **Naples, FL 34104**

TITLE **VD** Delete
NAME **MCCONWAY, J BARRY**
STREET ADDRESS **603 CROSSFIELD CIRCLE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** Change Addition
NAME **Morocco, Gary**
STREET ADDRESS **411 Crossfield Cir.**
CITY-ST-ZIP **Naples, FL 34104**

TITLE **SDTD** Delete
NAME **ELLIOTT, LISA**
STREET ADDRESS **587 CROSSFIELD CIRCLE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** Change Addition
NAME **Dimstead, Jeremy**
STREET ADDRESS **495 Crossfield Cir.**
CITY-ST-ZIP **Naples, FL 34104**

TITLE **D** Delete
NAME **VIA, JAMES**
STREET ADDRESS **583 CROSSFIELD CIRCLE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Robert D Harvey* **Robert D Harvey**

4-24-03

661-3440

CR2E037 (10/02)