

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90146 016 ****61.25

DOCUMENT # 761124

1. Entity Name

MAPLE LEAF ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business

596 MAPLELEAF CR
PENSACOLA FL 32514

Mailing Address

596 MAPLELEAF CR
PENSACOLA FL 32514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2237139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEANGELIS, ABIGAIL M
9605 MAPLELEAF CR
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

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 ABIGAIL M. DEANGELIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Abigail M DeAngeli Jan 12, 2002

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

TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	DYESS, KITTY	
STREET ADDRESS	520 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D BERG,	<input type="checkbox"/> Delete
NAME	BEEL, DENNIS	
STREET ADDRESS	405 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FARREL, CAROL	
STREET ADDRESS	9633 MAPLE LEAF LANE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEAK, DALE	
STREET ADDRESS	478 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, JAMES	
STREET ADDRESS	593 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSWALD, PAT	
STREET ADDRESS	533 MAPLELEAF CIR	
CITY-ST-ZIP	PENSACOLA FL 32514	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL JEWMA	
STREET ADDRESS	456 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY GABBERT	
STREET ADDRESS	431 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZEL HARPE	
STREET ADDRESS	9621 MAPLE LEAF DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA CROUCH	
STREET ADDRESS	9638 MAPLE LEAF DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAREN DRIVER	
STREET ADDRESS	596 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANA ASHUS	
STREET ADDRESS	538 MAPLE LEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	

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: ABIGAIL M. DEANGELIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abigail M DeAngeli Jan 12 2002

CR2E037 (9/01)