


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90041 026 ****61.25

DOCUMENT #749186 1. Entity Name MAPLE WOOD VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7100 W. COMMERCIAL BLVD., STE. 107 LAUDERHILL, FL 33319 US			Mailing Address 7100 W. COMMERCIAL BLVD., STE. 107 LAUDERHILL, FL 33319 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent AMBASSADOR COMMUNITY MANAGEMENT, INC. 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD NANGLE, MIKE 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2005 Maplewood Dr. Coral Springs, FL 33071		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROETSCHER, LINDA 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2041 Maplewood Dr. Coral Springs, FL 33071		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGINO, MIKE 10034 W. MCNAB ROAD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2099 Maplewood Dr. Coral Springs, FL 33071		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEINSTEIN, STEVE 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2004 Maplewood Dr. Coral Springs, FL 33071		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIENER, MARK 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2009 Maplewood Dr. Coral Springs, FL 33071		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Schwartz, David 2013 Maplewood Drive Coral Springs, FL 33071		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mike Nangle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	

40093625



05182006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2061537

Applied For
Not Applicable

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