

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 749186

**Entity Name:** MAPLE WOOD VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MGMT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33334

**Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MGMT  
7124 NORTH NOB HILL ROAD  
TAMARAC, FL 33334

**FEI Number:** 59-2061537

**Certificate of Status Desired:** No

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

BROUGH, CHADRON & LEVINE, P.A.  
2149 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHWARTZ, DAVID  
Address        7124 NORTH NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            JONES, ELISA  
Address        7124 N. NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            GIBSON, SEAN  
Address        7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            ANDALI, SOPHIA  
Address        7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID SCHWARTZ**

**P**

**07/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date