

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761124

Entity Name: MAPLE LEAF ESTATES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**596 MAPLE LEAF CIRCLE
PENSACOLA, FL 32514**Current Mailing Address:**596 MAPLE LEAF CIRCLE
PENSACOLA, FL 32514**FEI Number:** 59-2237139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POSEY, BOBBY JOE
413 MAPLE LEAF CIRCLE
PENSACOLA, FL 32514 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:** BOBBY JOE POSEY

01/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name WHITAKER, VANESSA
Address 431 MAPLELEAF CIRCLE
City-State-Zip: PENSACOLA FL 32514

Title CHAIRMAN
Name POSEY, BOBBY J
Address 413 MAPLELEAF CIRCLE
City-State-Zip: PENSACOLA FL 32514

Title TREASURER
Name FAIRCLOTH, JOANNE
Address 421 MAPLE LEAF CIRCLE
City-State-Zip: PENSACOLA FL 32514

Title SECRETARY
Name POWELL, LARRY
Address 10453 TAM O SHANTER RD
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name COLLIER, JOSEPH G
Address 9613 MAPLELEAF LANE
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name FARREL, CAROL
Address 9633 MAPLELEAF LANE
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name PIERCE, KIMBERLY
Address 553 MAPLELEAF CIRCLE
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name SHOUSE, LINDA H.
Address 1035 CONFERENCE RD
City-State-Zip: CANTONMENT FL 32533

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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: JOANNE FAIRCLOTH

TREASURER

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SPENCE, BETTY J.
Address	549 MAPLELEAF CIRCLE
City-State-Zip:	PENSACOLA FL 32514