

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011006

Entity Name: MAPLE GARDENS THREE CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 24, 2016
Secretary of State
CC0201907627**Current Principal Place of Business:**SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE #2
FT. MYERS, FL 33919**Current Mailing Address:**SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE #2
FT. MYERS, FL 33919 US**FEI Number:** 20-1292107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOO, PATRICIA
SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE #2
FT. MYERS, FL 33919 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:** PATRICIA SCHOO**03/24/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name AMORE, CONNIE
Address P.O. BOX61851
City-State-Zip: FT. MYERS FL 33906

Title VP, DIRECTOR
Name PETERSEN, PHILIP
Address P.O. BOX 61851
City-State-Zip: FT. MYERS FL 33906

Title SECRETARY, DIRECTOR
Name MAHONEY, SHARON
Address P.O. BOX 61851
City-State-Zip: FT. MYERS FL 33906

Title TREASURER, DIRECTOR
Name JOHNSTON, BERNIE
Address P.O. BOX 61851
City-State-Zip: FT. MYERS FL 33906

Title DIRECTOR
Name STEMPNOWSKI, JANUSZ
Address P.O. BOX 61851
City-State-Zip: FT. MYERS FL 33906

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: SHARON MAHONEY**SECRETARY****03/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date