

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N03000011006

**Entity Name:** MAPLE GARDENS THREE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jun 03, 2020**  
**Secretary of State**  
**0017721722CC**

**Current Principal Place of Business:**

SCHOO MANAGEMENT, INC.  
9403 CYPRESS LAKE DRIVE C  
FT. MYERS, FL 33919

**Current Mailing Address:**

SCHOO MANAGEMENT, INC.  
9403 CYPRESS LAKE DRIVE C  
FT. MYERS, FL 33919 US

**FEI Number:** 20-1292107

**Certificate of Status Desired:** No

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

SCHOO, PATRICIA  
SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE C  
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

**06/03/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            AMORE, CONNIE  
Address        9403 CYPRESS LAKE DR.  
                  C  
City-State-Zip: FT. MYERS FL 33919

Title            VP  
Name            GRASSMYER, DON  
Address        9403 CYPRESS LAKE DR.  
                  C  
City-State-Zip: FT. MYERS FL 33919

Title            S  
Name            MAHONEY, SHARON  
Address        9403 CYPRESS LAKE DR.  
                  C  
City-State-Zip: FT. MYERS FL 33919

Title            T  
Name            HUGHES, BLAIN  
Address        9403 CYPRESS LAKE DR.  
                  C  
City-State-Zip: FT. MYERS FL 33919

Title            DIRECTOR  
Name            OCKERMAN, CAROLYN  
Address        9403 CYPRESS LAKE DR.  
                  C  
City-State-Zip: FT. MYERS FL 33919

*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**

**06/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date