

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000011006

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

**Current Principal Place of Business:**

12995 SO. CLEVELAND AVE, SUITE 30  
FT. MYERS, FL 33907

**Current Mailing Address:**

P.O. BOX 61851  
FT. MYERS, FL 33906 US

**FEI Number:** 20-1292107

**Certificate of Status Desired:** No

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

MILLER, JON  
J GARTH & ASSOCIATES  
P.O. BOX 61851  
FT. MYERS, FL 33906 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:** JON MILLER

05/01/2015

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            PETERSIN, 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:** CONNIE AMORE

PRESIDENT

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date