

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010855

**FILED**  
**Jan 21, 2014**  
**Secretary of State**  
**CC9637212139**

**Entity Name:** MAPLE CORNER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

347 BOTTLEBRUSH AVE., SW  
LABELLE, FL 33935

**Current Mailing Address:**

P.O. BOX 632  
LABELLE, FL 33975

**FEI Number: 26-3799287**

**Certificate of Status Desired: No**

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

SCHLITTER, JOHN AJR  
347 BOTTLEBRUSH AVE., SW  
LABELLE, FL 33935 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 P  
Name SCHLITTER, JOHN AJR  
Address 347 BOTTLEBRUSH AVE. SW  
City-State-Zip: LABELLE FL 33935

Title VP  
Name KRAFT, CAROL  
Address 223 OAK ST. SW  
City-State-Zip: LABELLE FL 33935

Title VP  
Name CULLIGAN, SALLY  
Address 228 OAK ST. SW  
City-State-Zip: LABELLE FL 33935

Title T  
Name LESTER, DONNA F  
Address 230 OAK ST. SW  
City-State-Zip: LABELLE FL 33935

Title S  
Name SOULLIERE, M. LYNNE  
Address 337 BOTTLEBRUSH AVE., SW  
City-State-Zip: LABELLE FL 33935

*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: DONNA F LESTER**

**TREASURER**

**01/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date