

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010855

FILED
Jan 26, 2018
Secretary of State
CC1541911287

Entity Name: MAPLE CORNER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

228 OAK ST.
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:

CULLIGAN, SALLY
228 OAK ST. 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: SALLY CULLIGAN

01/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name SCHLITTER, JR., JOHN A.
Address 347 BOTTLE BRUSH AVE. SW
City-State-Zip: LABELLE FL 33935

Title VP
Name GIDLEY, GAIL
Address 410 MAPLE DR SW
City-State-Zip: LABELLE FL 33935

Title TREASURER
Name SWEETMAN, GEORGE E
Address 408 MAPLE DR. SW
City-State-Zip: LABELLE FL 33935

Title S
Name JOHNSON, CAROL
Address 475 MAPLE DR. 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: SALLY CULLIGAN

PRESIDENT

01/26/2018

Electronic Signature of Signing Officer/Director Detail

Date