

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

DOCUMENT# N95000002031

**Entity Name:** MAPLE ISLE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
STUART, FL 34994**Current Mailing Address:**C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400  
STUART, FL 34994 US**FEI Number:** 65-0602903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIELDS & BACHOVE, PLLC  
4440 PGA BLVD  
#308  
PBG , FL 33410 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:** GARY FIELDS

06/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OROSS, DAN  
Address        C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip:    STUART FL 34994

Title            SECRETARY  
Name            CASSULO, ANDRE  
Address        C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip:    STUART FL 34994

Title            VP  
Name            SLATER, MATT  
Address        C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip:    STUART FL 34994

Title            DIRECTOR  
Name            SREENAN, KATHY  
Address        C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip:    STUART FL 34994

Title            TREASURER  
Name            SAND, DAVID  
Address        C/O COASTAL PROPERTY  
MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE 400

City-State-Zip:    STUART FL 34994

*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:** DAN OROSS

PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date