

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02272

FILED
Mar 12, 2019
Secretary of State
2140823282CC

Entity Name: MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

201 CAPE AVENUE
COCOA, FL 32926

Current Mailing Address:

408 W ARDEN ST
COCOA, FL 32926 US

FEI Number: 59-2777579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEANS, THOMAS W
47 W NEW HAVEN AVE
MELBOURNE, FL 32901 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 PD
Name SMITH, ELIZABETH S MRS
Address 408 W ARDEN ST
City-State-Zip: COCOA FL 32926

Title DIRECTOR
Name REES, GEORGE MR
Address 711 W LAKESHORE DR
City-State-Zip: COCOA FL 32926

Title DIRECTOR
Name JUNEAU, BARBARA MRS
Address 306 ELINOR ST
City-State-Zip: COCOA FL 32926

Title TREA
Name JUNEAU, GAETAN MR
Address 3903 N . LAKESHORE DR
City-State-Zip: COCOA FL 32926

Title D
Name LECOMPTE, JEAN CLAUDE MR
Address 3889 BARBARA ST
City-State-Zip: COCOA FL 32926

Title VP
Name MONDUS, GARY
Address 412 ELINOR ST
City-State-Zip: COCOA FL 32926

Title SECRETARY
Name AUSTERMAN, JULIA
Address 503 ELINOR ST
City-State-Zip: COCOA FL 32926

Title DIRECTOR
Name DUFRESNE, JOAN
Address 3893 N. LAKESHORE DR.
City-State-Zip: COCOA FL 32926

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH S SMITH

PRESIDENT

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date