

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02272

FILED
Feb 12, 2013
Secretary of State
CC3771716097

Entity Name: MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

201 CAPE AVENUE
COCOA, FL 32926

Current Mailing Address:

3911 CONNIE STREET
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 MCINNIS, CINDYLOU MRS
Address 3906 S LAKESHORE DR
City-State-Zip: COCOA FL 32926

Title VPD
Name JUNEAU, BARBARA A MS
Address 601 EAST LAKESHORE DR
City-State-Zip: COCOA FL 32926

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

Title TREA
Name BAKER, SARA A MS
Address 609 W. LAKESHORE DR
City-State-Zip: COCOA FL 32926

Title D
Name SHIELS, GARY J MR
Address 3911 CONNIE ST
City-State-Zip: COCOA FL 32926

Title D
Name LECOMPTE, JEAN-CLAUDE D
Address 3889 BARBARA ST
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: SARA A. BAKER

TREASURER

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date