2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02272

Entity Name: MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

FILED
Mar 01, 2015
Secretary of State
CC3381398350

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	Title	VPD
Title	10	Tiuc	VI L

NameSMITH, ELIZABETH S MRSNameCASSEL, STERLING MRAddress408 W ARDEN STAddress601 E LAKESHORE DRCity-State-Zip:COCOA FL 32926City-State-Zip:COCOA FL 32926

Title SEC Title TREA

NameJUNEAU, BARBARA MRSNameJUNEAU, GAETAN MRAddress306 ELINOR STAddress3903 N . LAKESHORE DRCity-State-Zip:COCOA FL 32926City-State-Zip:COCOA FL 32926

Title D Title C

NameLECOMPTE, JEAN CLAUDE MSNameGUERIN, YVES MRAddress3889 BARBARA STAddress3915 DEBORAH STCity-State-Zip:COCOA FL 32926City-State-Zip:COCOA FL 32926

Title D Title D

Name WOLFE, DENNIS MR Name MCDONALD, WILLIAM MR

Address 3880 ARDEN ST Address 3905 BARBARA ST
City-State-Zip: COCOA FL 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: ELIZABETHS SMITH PRESIDENT

Electronic Signature of Signing Officer/Director Detail

03/01/2015 Date