

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J02272

**FILED**  
**Feb 15, 2017**  
**Secretary of State**  
**CC7830406157**

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

Title SEC  
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 MS  
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:** ELIZABETH SMITH

**PRESIDENT**

**02/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date