

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02272

Entity Name: MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**201 CAPE AVENUE
COCOA, FL 32926**Current Mailing Address:**408 CAPE AVENUE
COCOA, FL 32926 US**FEI Number:** 59-2777579**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DEANS, THOMAS W
325 5TH AVENUE, SUITE 207
INDIALANTIC, FL 32903 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 PRESIDENT
Name LARDNER, RICHARD PENN MR
Address 408 CAPE AVENUE
City-State-Zip: COCOA FL 32926

Title DIRECTOR
Name LOCHIATTO, AUDREY MS
Address 400 ELINOR STREET
City-State-Zip: COCOA FL 32926

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

Title TREASURER
Name PACKARD, TERRY
Address 410 ELINOR STREET
City-State-Zip: COCOA FL 32926

Title SECRETARY
Name SMITH, DAWN
Address 3909 DEBORAH STREET
City-State-Zip: COCOA FL 32926

Title VP
Name KOSTIN, RON
Address 3903 BARBARA STREET
City-State-Zip: COCOA FL 32926

Title DIRECTOR
Name SHIELS, GARY
Address 616 WEST LAKESHORE
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: RICHARD PENN LARDNER**PRESIDENT****02/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date