

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J02272

**FILED**  
**Feb 11, 2014**  
**Secretary of State**  
**CC9220141061**

**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	Title	VPD
Name	SMITH, EDWARD M MR	Name	SMITH, ELIZABETH S MRS
Address	408 W ARDEN ST	Address	408 W ARDEN ST
City-State-Zip:	COCOA FL 32926	City-State-Zip:	COCOA FL 32926
Title	SEC	Title	TREA
Name	BILLINGHEIMER, LINDA MS	Name	BAKER, SARA A MS
Address	3913 DEBORAH ST	Address	609 W. LAKESHORE DR
City-State-Zip:	COCOA FL 32926	City-State-Zip:	COCOA FL 32926
Title	D	Title	D
Name	JUNEAU, BARBARA MRS	Name	GUERIN, YVES MR
Address	506 ELINOR ST	Address	3915 DEBORAH ST
City-State-Zip:	COCOA FL 32926	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: EDWARD M SMITH**

**PRESIDENT**

**02/11/2014**

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

\_\_\_\_\_  
Date