

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J02272

**FILED  
Mar 23, 2020  
Secretary of State  
0778207539CC**

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

Title SECRETARY  
Name SOUCY, BARBARA MRS  
Address 407 ELINOR ST  
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 AUSTERMAN, JULIA  
Address 503 ELINOR ST  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name DUFRESNE, JOAN  
Address 3893 N. LAKESHORE DR.  
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**

**03/23/2020**

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

\_\_\_\_\_  
Date