

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
Secretary of State**

DOCUMENT# 740013

Entity Name: MAPLELEAF VILLAS CONDOMINIUM OF NAPLES, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-2192549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT. CORP
4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CUTRONE, MARNIE
Address: 172-D CYPRESS WAY E.
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: TALTY, DEE
Address: 176-A CYPRESS WAY E
City-St-Zip: NAPLES, FL 34110

Title: DST () Delete
Name: MCKNIGHT, CHRISTA
Address: 172-A CYPRESS WAY E.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: CURLEY, DAVID
Address: 172-C CYPRESS WAY E.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: GRIMES, ANNA
Address: 164-A CYPRESS WAY E.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARNIE CUTRONE

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date