


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 044 ****61.25

DOCUMENT # 740013

1. Entity Name
MAPLELEAF VILLAS CONDOMINIUM OF NAPLES, INC.



Principal Place of Business
~~4306 ARNOLD AVENUE~~
~~NAPLES, FL 34104~~

Mailing Address
~~P.O. BOX 110339~~
~~NAPLES, FL 34108~~

40067831



2. Principal Place of Business - No P.O. Box #
3050 HOUESHORE DR. NORTH
 Suite, Apt. #, etc.
275

3. Mailing Address
3050 HOUESHORE DR. NORTH
 Suite, Apt. #, etc.
275

04022008 Chg-NP CR2E037 (12/06)

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34104

Country
USA

Zip
34104

Country
USA

4. FEI Number
59-2192549

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
KRAMER TRUST MANAGEMENT CO.

Street Address (P.O. Box Number is Not Acceptable)
3050 HOUESHORE DR. NORTH

Suite, Apt. #, etc.
Suite 275

City
Naples

State
FL

Zip Code
34104

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark Korte - President DATE 4-2-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRUBER, PAUL 164-B CYPRESS WAY E. NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERNHOUS, PEARL 164-B CYPRESS WAY E. NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRANDALL, PATRICIA 168-A CYPRESS WAY E. NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILKINS, ADAM 176-A CYPRESS WAY E. NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLASER, JOHN 170-D CYPRESS WAY E. NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CUTRONE, MARVIN E 176-A CYPRESS WAY E. NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WILKINS, KEVIN 176-A CYPRESS WAY E. NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DUIREY, DAVID 176-A CYPRESS WAY E. NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Glaser DATE 4-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR