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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:48

DOCUMENT # 743797 (3)

1. Corporation Name

THE MAPLE WOOD ISLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SUNVEST PROPERTY MGMT. CORP.
1100 S STATE RD 7 #100
MARGATE FL 33068
US

C/O SUNVEST PROPERTY MGMT. CORP.
1100 S STATE RD 7 #100
MARGATE FL 33068
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1978
3a. Date of Last Report 03/15/1994

4. FEI Number 59-1907453
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O SUNVEST MANAGEMENT SERVICE CORP
1100 S STATE ROAD SEVEN, SUITE 100
MARGATE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sheldon Goldberg

Sheldon Goldberg

3/21/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12, ☐ Change ☒ Addition

TITLE SVP
NAME WALLACH, B
STREET ADDRESS 10147 VESTAL CT.
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

S/D Spoliarsky, Gab
1722 VESTAL DR.
CORAL SPRINGS, FL 33071

TITLE TD
NAME WALLACE, PETER
STREET ADDRESS 10147 VESTAL CT
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V/D Wallach, Peter
10147 VESTAL CT
CORAL SPRINGS, FL 33071

TITLE VD
NAME APPEL, GENIE
STREET ADDRESS 1701 VESTAL DRIVE
CITY-ST-ZIP CORALS SPRINGS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T/D Baum, Joel
10014 VESTAL PL.
CORAL SPRINGS, FL 33071

TITLE P
NAME GOLD, ROY
STREET ADDRESS 10253 VESTAL COURT
CITY-ST-ZIP CORAL SPRINGS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

P/D Rotholz, Alec
10074 VESTAL PLACE
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D Weinstern, Barbara
10050 VESTAL PL.
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sheldon Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95

742,7032

Date

Signature #