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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **743797** **(3)**

1. Corporation Name

THE MAPLE WOOD ISLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PHOENIX MANAGEMENT 541 S. STATE RD 7-#12 MARGATE FL 33068 US	PHOENIX MANAGEMENT 541 S. STATE RD 7-#12 MARGATE FL 33068 US

3. Date Incorporated or Qualified: 08/03/1978

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C/O PHOENIX MANAGEMENT SERVICES, INC.
541 S. STATE RD. - SUITE 12
MARGATE FL 33068

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPOLIANSKY, JOLI		1.2 NAME		
STREET ADDRESS	1722 VESTAL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALLACH, PETER		2.2 NAME		
STREET ADDRESS	10147 VESTAL CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENENFELD, BONNIE		3.2 NAME		
STREET ADDRESS	1708 VESTAL DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	LEWIS-SOLAR, ROBERTA		4.2 NAME		
STREET ADDRESS	1708 VESTAL DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, BARBARA		5.2 NAME		
STREET ADDRESS	10050 VESTAL PL.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	JODIE GETTER	
STREET ADDRESS			6.3 STREET ADDRESS	10038 VESTAL PLACE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1-14-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #