**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2001 8:00 am § Secretary of State **DOCUMENT # 743797** 1. Entity Name 05-10-2001 90192 032 \*\*\*\*61 25 THE MAPLE WOOD ISLE ASSOCIATION, INC. Principal Place of Business Mailing Address PHOENIX MANAGEMENT PHOENIX MANAGEMENT 541 S. STATE RD 7-#12 541 S. STATE RD 7-#12 MARGATE FL 33068 MARGATE FL 33068 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1907453 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C/O PHOENIX MANAGEMENT SERVICES, INC. 541 S. STATE RD. - SUITE 12 MARGATE FL 33068 Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F ☐ Delete TITLE ☐ Change ■ Addition SPOLIANSKY, JOLI NAME NAME STREET ADDRESS 1722 VESTAL DR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALLACH, PETER NAME - -NAME 10147 VESTAL CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition GETTER, JODIE NAME NAME STREET ADDRESS 10038 VESTAL PLACE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33071** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEWIS-SOLAR, ROBERTA STREET ADDRESS 1708 VESTAL DR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WEINSTEIN, BARBARA NAME NAME STREET ADDRESS 10050 VESTAL PL STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

12. 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 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 eaddress, with all other like empowered.

SIGNATURE: