


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05-03-2005 90120 041 ***61.25
743797

FILED

05 MAY 24 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743797	
1. Entity Name THE MAPLE WOOD ISLE ASSOCIATION, INC.	

Principal Place of Business PHOENIX MANAGEMENT 4730 N ST RD 7 E 250 FORT LAUDERDALE, FL 33319 US	Mailing Address PHOENIX MANAGEMENT 4730 N ST RD 7 E 250 FORT LAUDERDALE, FL 33319 US
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent C/O PHOENIX MANAGEMENT SERVICES, INC. 4780 N ST RD SEVEN #250 FORT LAUDERDALE, FL 33319	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOLIANSKY, JOLI	NAME	
STREET ADDRESS	1722 VESTAL DR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, THOMAS	NAME	
STREET ADDRESS	10258 VECTAL MANOR	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETTER, JODIE	NAME	
STREET ADDRESS	10038 VESTAL PLACE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC, NORYCH	NAME	
STREET ADDRESS	10263 VESTAL MANOR	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNEA, BGN	NAME	STAW, ELLEN
STREET ADDRESS	10263 VESTAL MANOR	STREET ADDRESS	10175 Vestal Dr
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	ROBOFF, Kathleen
STREET ADDRESS		STREET ADDRESS	1720 Vestal Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Coral Springs, FL 33071

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 address, with all other like empowered.

SIGNATURE: <i>[Signature]</i>	Ja: Spoliansky	3/16/05	954-753-2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #