

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90055 023 ****61.25

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 - No P.O. Box #
4800 N. State Rd 7

3. Mailing Address
4800 N State Rd. 7

Suite, Apt. #, etc.
Suite #105

Suite, Apt. #, etc.
Suite #105

01302007 Chg-NP CR2E037 (12/06)

City & State
LAUDERDALE LAKES FL

City & State
LAUDERDALE LAKES FL

4. FEI Number
NOT APPLICABLE

Zip
33319

Country
U.S.

Zip
33319

Country
U.S.

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

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

C/O PHOENIX MANAGEMENT SERVICES, INC.
4780 N ST RD SEVEN #250
FORT LAUDERDALE, FL 33319

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	HILL, THOMAS	
STREET ADDRESS	10258 VECTAL MANOR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	GETTER, JODIE	
STREET ADDRESS	10038 VESTAL PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAW, ELLEN	
STREET ADDRESS	10175 VESTAL CT	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGOFF, KATHLEEN	
STREET ADDRESS	1720 VESTAL DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #