## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 743797** 

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Name: THE MAPLE WOOD ISLE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4800 N STATE RD 7 11606 NW 19 DRIVE SUITE 105 CORAL SPRINGS, FL 33071 US LAUDERDALE LAKES, FL 33319 US New Mailing Address: **Current Mailing Address:** 4800 N STATE RD 7 11606 NW 19 DRIVE SUITE 105 CORAL SPRINGS, FL 33071 US LAUDERDALE LAKES, FL 33319 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C/O PHOENIX MANAGEMENT SERVICES, INC. BROCK PROPERTY MANAGEMENT, INC. 4800 N STATE RD 7,# 105 11606 NW 19 DRIVE LAUDERDALE LAKÉS, FL 33319 CORAL SPRINGS, FL 33071 US US 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: JANE BROCK 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HILL, THOMAS Name: Name: 10258 VECTAL MANOR Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: PD () Delete Title: () Change () Addition JIMISON, KENT Name: Name: Address: 10038 VESTAL PLACE Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GOLDFARB, DAVID GOLDFARB, DAVID Name: Name: Address: 10175 VESTAL CT Address: 10175 VESTAL CT City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071 Title: TD () Delete Title: 2VP (X) Change ( ) Addition Name: ROGOFF, KATHLEEN Name: ROGOFF, KATHLEEN Address: 1720 VESTAL DR Address: 1720 VESTAL DR CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition LAQUER, LINDA Name: Name: 10170 VESTAL COURT Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

CORAL SPRINGS, FL 33071

SIGNATURE: KENT JIMISON PRES 04/28/2009