2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
03-19-2003 90150 009 ****61.25

55033485

DOCUMENT # 743797

1. Entity 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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PHOENIX MANAGEMENT	PHOENIX MANAGEMENT
Suite, Apt. #, etc.: 4780 N ST RD 7 E250	Suite, Apt. #, etc.: 4780 N ST RD 7 E250
City & State: LAUDERDALE LAKES FL	City & State: LAUDERDALE LAKES FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

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

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. 541 S. STATE RD. - SUITE 12 MARGATE FL 33068	Name: C/O PHOENIX MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 4780 N ST ROAD 7 E250 City: LAUDERDALE LAKES FL Zip Code 33319

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 _____ 3/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPOLIANSKY, JOLI 1722 VESTAL DR. CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WALLACH, PETER 10147 VESTAL CT. CORAL SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GETTER, JODIE 10038 VESTAL PLACE CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEWIS-SOLAR, ROBERTA 1708 VESTAL DR. CORAL SPRINGS FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NORYCH MARC 10263 VESTAL MANOR CORAL SPRINGS, FL 33071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINSTEIN, BARBARA 10050 VESTAL PL CORAL SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARNEA BGN 10265 VESTAL MANOR CORAL SPRINGS, FL 33071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 3-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #