

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749186					
1. Corporation Name MAPLE WOOD VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7686 WILES ROAD CORAL SPRINGS FL 33067 US			Mailing Address 7686 WILES ROAD CORAL SPRINGS FL 33067 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2061537	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

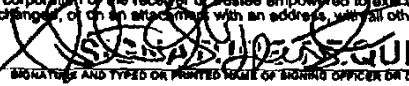
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILES, JAMES R C/O CONSOLIDATED 7686 WILES ROAD CORAL SPRINGS FL 33067				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE				DATE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when resigning)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
☒ DELETE				☐ Change ☒ Addition			
1.1 TITLE PD				President			
1.2 NAME ARGENTI, ROBERT				Steve Feinstein			
1.3 STREET ADDRESS 2053 MAPLEWOOD DRIVE				2004 Maplewood Dr			
1.4 CITY-ST-ZIP CORAL SPRINGS FL				Coral Springs, FL 33067			
☐ DELETE				☒ Change ☐ Addition			
2.1 TITLE STD				Director			
2.2 NAME MEAD, MICKEY				Mickey Mead			
2.3 STREET ADDRESS 2028 MAPLEWOOD DR				2028 Maplewood			
2.4 CITY-ST-ZIP CORAL SPGS FL				Coral Springs FL 33067			
☐ DELETE				☒ Change ☐ Addition			
3.1 TITLE D				VICE President			
3.2 NAME NANGLE, MIKE				MIKE NANGLE			
3.3 STREET ADDRESS 2005 MAPLEWOOD DR				2005 Maplewood Dr			
3.4 CITY-ST-ZIP CORAL SPGS FL				Coral Springs, FL			
☒ DELETE				☐ Change ☐ Addition			
4.1 TITLE VPD							
4.2 NAME SINSTEVE, STEVE							
4.3 STREET ADDRESS 2004 MAPLEWOOD DR							
4.4 CITY-ST-ZIP CORAL SPGS FL							
☒ DELETE				☐ Change ☐ Addition			
5.1 TITLE D							
5.2 NAME NANI, TOM							
5.3 STREET ADDRESS 2061 MAPLEWOOD DR							
5.4 CITY-ST-ZIP CORAL SPGS FL							
☒ DELETE				☐ Change ☐ Addition			
6.1 TITLE TD							
6.2 NAME INGINO, MIKE							
6.3 STREET ADDRESS 2099 MAPLEWOOD DR							
6.4 CITY-ST-ZIP CORAL SPGS FL							

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **NOTAR REQUIRED**

CF2E037 (11/98)