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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.

[redacted]

Principal Place of Business	Mailing Address
7686 WILES ROAD CORAL SPRINGS FL 33067 US	7686 WILES ROAD CORAL SPRINGS FL 33067 US

2. Principal Place of Business
21 ___
22 Suite, Apt. #, etc. ___
23 City & State ___
24 Zip ___ 25 Country ___

2a. Mailing Address
26 ___
27 Suite, Apt. #, etc. ___
28 City & State ___
29 Zip ___ 30 Country ___

3. Date Incorporated or Qualified: 10/03/1979

4. FEI Number: 59-2061537 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILES, JAMES R
C/O CONSOLIDATED
7686 WILES ROAD
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 ___
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE PD	President	☐ Change ☒ Addition
NAME	ARGENTI, ROBERT		1.2 NAME	Steve Feinstein	
STREET ADDRESS	2053 MAPLEWOOD DRIVE		1.3 STREET ADDRESS	2004 Maplewood Dr	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE	STD	☐ DELETE	2.1 TITLE D	Director	☒ Change ☐ Addition
NAME	MEAD, MICKEY		2.2 NAME	Mickey Mead	
STREET ADDRESS	2028 MAPLEWOOD DR		2.3 STREET ADDRESS	2028 Maplewood	
CITY-ST-ZIP	CORAL SPGS FL		2.4 CITY-ST-ZIP	Coral Springs Fl 33067	
TITLE	D	☐ DELETE	3.1 TITLE VPD	Vice President	☒ Change ☐ Addition
NAME	NANGLE, MIKE		3.2 NAME	Mike Nangle	
STREET ADDRESS	2005 MAPLEWOOD DR		3.3 STREET ADDRESS	2005 Maplewood Dr	
CITY-ST-ZIP	CORAL SPGS FL		3.4 CITY-ST-ZIP	Coral Springs, Fl	
TITLE	VPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SINSTEVE, STEVE		4.2 NAME		
STREET ADDRESS	2004 MAPEWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NANI, TOM		5.2 NAME		
STREET ADDRESS	2061 MAPLEWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL		5.4 CITY-ST-ZIP	03-02 1999 90085 NHS 861.25	
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	INGINO, MIKE		6.2 NAME		
STREET ADDRESS	2099 MAPLEWOOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)