


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90017 043 ****61.25

DOCUMENT # 749186	
1. Entity Name MAPLE WOOD VILLAS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7100 W. COMMERCIAL BLVD., STE. 107 LAUDERHILL, FL 33319 US	Mailing Address 7100 W. COMMERCIAL BLVD., STE. 107 LAUDERHILL, FL 33319 US
--	--

2. Principal Place of Business - No P.O. Box # 40 CCM	3. Mailing Address 40 CCM
Suite, Apt. #, etc. 10034 W. MC NABBS	Suite, Apt. #, etc. 10034 W. MC NABBS
City & State Tomball, FL	City & State Tomball, FL
Zip 33341	Country BROWARD

10001000 1128

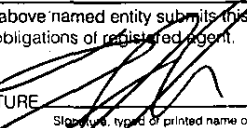


01032008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2061537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

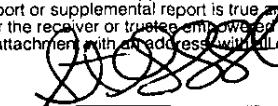
6. Name and Address of Current Registered Agent AMBASSADOR COMMUNITY MANAGEMENT, INC. 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319	
---	--

7. Name and Address of New Registered Agent Name: BROUGHT, CHADROW & LEVINE, P.A. Street Address (P.O. Box Number is Not Acceptable) 1900 N COMMERCE PKY City: Weston FL Zip Code: 33326	
--	--

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:  Scott J. Levine, Esq. for Brought, Chadrow & Levine, P.A. 3/7/08 (NOTE: Registered Agent signature required when reinstating)	
---	--

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FEINSTEIN, STEVE 2004 MAPLEWOOD DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROETSCHER, LINDA 2041 MAPLEWOOD DR. CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGINO, MIKE 2099 MAPLEWOOD DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIENER, MARK 2009 MAPLEWOOD DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, DAVID 2013 MAPLEWOOD DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	