


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-11-2007 90073 021 ****61.25

DOCUMENT # 750111 1. Entity Name MAPLE LEAF CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3514 GULF BLVD STE 1 ST. PETERSBURG BEACH FL 33706 US		Mailing Address 3514 GULF BLVD STE 1 ST PETERSBURG BEACH FL 33706 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66020333 1st MOORE CR2E037 (10/06)	
City & State		City & State		4. FEI Number 59-2263241 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMOND, BETTY 3514 GULF BLVD STE 1 ST PETERSBURG BCH FL 33706				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registrant agent or trustee. (Mandatory) (NOTE: Registered agent approval required when registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	SD NAME MEDLIN, RACHEL STREET ADDRESS 3514 GULF BLVD #3 CITY ST ZIP ST PETERSBURG FL 33706	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD NAME HAMMOND, BETTY STREET ADDRESS 3514 GULF BLVD #1 CITY ST ZIP SAINT PETERSBURG FL 33706	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD / SD NAME PEIVAS, SHERRY STREET ADDRESS 3514 GULF BLVD #6 CITY ST ZIP SAINT PETERSBURG FL 33706	<input type="checkbox"/> Delete	TITLE	SD / PD NAME PEIVAS, SHERRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<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 Section 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: <i>Betty Hammond</i>		PD		8/11/07 (727-360-8400)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Where Made	