

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750111

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: MAPLE LEAF CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3514 GULF BLVD  
STE 1  
ST. PETERSBURG BEACH, FL 33706 US

**New Principal Place of Business:**

**New Mailing Address:**

251 SOUTH ISLE DR  
ST PETE BEACH, FL 33706 US

**Current Mailing Address:**

3514 GULF BLVD  
STE 1  
ST PETERSBURG BEACH, FL 33706 US

FEI Number: 59-2263241      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMMOND, BETTY  
3514 GULF BLVD  
STE 1  
ST PETERSBURG BCH, FL 33706 US

**Name and Address of New Registered Agent:**

GERMAN, RICHARD W  
251 SOUTH ISLE DR  
ST PETE BEACH, FL 33706 US

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.

SIGNATURE: RICHARD W. GERMAN

04/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAMMOND, BETTY  
Address: 3514 GULF BLVD #1  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: SDTD ( ) Delete  
Name: PLEVAK, SHERRY  
Address: 3514 GULF BLVD #6  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VP ( ) Delete  
Name: LE PERE, CYNTHIA  
Address: 3514 GULF BLVD #4  
City-St-Zip: SAINT PETERSBURG, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HAMMOND, BETTY  
Address: 3514 GULF BLVD #1  
City-St-Zip: ST PETE BEACH, FL 33706

Title: STD (X) Change ( ) Addition  
Name: PLEVAK, SHERRY  
Address: 3514 GULF BLVD #6  
City-St-Zip: ST PETE BEACH, FL 33706

Title: VD (X) Change ( ) Addition  
Name: LE PERE, CYNTHIA  
Address: 3514 GULF BLVD #4  
City-St-Zip: ST PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY HAMMOND

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date