

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90111 010 \*\*\*\*61.25

<b>DOCUMENT # 752625</b>					
<b>1. Entity Name</b> MAPLEWOOD PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1930 COMMERCE LANE SUITE #1 JUPITER, FL 33458			<b>Mailing Address</b> 1930 COMMERCE LANE SUITE #1 JUPITER, FL 33458		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04212005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 59-2747166				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
INGLIS, STEVE 1930 COMMERCE LANE SUITE #1 JUPITER, FL 33458			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DD LETSCH, EILEEN F 102 NOCOSSA CIRCLE JUPITER, FL	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD BELTRANO, ALDO JONES CREEK JUPITER, FL 33458		<input checked="" type="checkbox"/> Delete	SD ELLEN ADELSON 162 BAYBERRY CIRCLE JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
JD BYLSMA, JOHN 131 E GRET DR JUPITER, FL		<input type="checkbox"/> Delete	D RICK MERANTE 221 COLONY WAY WEST JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D MILLARD, JOHN 204 COLONY WAY WEST JUPITER, FL 33458		<input checked="" type="checkbox"/> Delete	TD KEVIN CARROLL 1350 ECHO DRIVE JUPITER, FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
VD HOLLOWAY, TROY 202 HAMPTON PL JUPITER, FL		<input checked="" type="checkbox"/> Delete	PD KUEBLER, KURT 1350 ECHO DRIVE JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	
<b>12. 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					