



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761124 1. Entity Name MAPLE LEAF ESTATES OWNERS ASSOCIATION, INC.			FILED 06 MAY 30 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 03/31/06 01025 018 \$35.00 
Principal Place of Business 596 MAPLELEAF CR PENSACOLA, FL 32514		Mailing Address 596 MAPLELEAF CR PENSACOLA, FL 32514	
2. Principal Place of Business 596 Maple Leaf DR. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 596 Maple Leaf DR. <small>Suite, Apt. #, etc.</small>		
<small>City & State</small> Pensacola Fla.	<small>City & State</small> Pensacola Fla.		
<small>Zip</small> 32514	<small>Country</small> Escambia	<small>Zip</small> 32514	<small>Country</small> Escambia
4. FEI Number 59-2237139		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 DEANGELIS, ABIGAIL M 9605 MAPLELEAF CR PENSACOLA, FL 32514		7. Name and Address of New Registered Agent <small>Name</small> Elizabeth Spence <small>Street Address (P.O. Box Number is Not Acceptable)</small> 549 Maple Leaf Cir <small>City</small> Pensacola FL <small>Zip Code</small> 32514	
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 Elizabeth Spence (Chairperson) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Elizabeth Spence <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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		700076292837 05/16/06--01042--011 **26.25 5-1-06	
10. OFFICERS AND DIRECTORS			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	C EARL, ARTHUR 9636 MAPLE LEAF LANE PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VC BOWER, JUSTINA 597 MAPLELEAF CIR PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D BELANGER, RAYMOND 544 MAPLE LEAF CIRCLE PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	S SPENCE, BETTY 545 MAPLE LEAF CIR PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D WILSON, SHARON 462 MAPLE LEAF CIR PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D OSWALD, PAT 533 MAPLELEAF CIR PENSACOLA, FL 32514	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	C Elizabeth Spence 549 Maple Leaf Cir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VC DALE Peake 478 Maple Leaf Cir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D HAZEL Harper 9621 Maple leaf DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	S. Vanessa Berg 408 Maple LEAF Cir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D Linda Wynn 9613 Maple Leaf Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D Pat Oswald 533 Maple Leaf Cir.	<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 Elizabeth Spence (Chairperson) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-1-06 <small>Date</small>	
		850 5057995 <small>Daytime Phone #</small>	