

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761124

FILED
Jan 24, 2011
Secretary of State

Entity Name: MAPLE LEAF ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

596 MAPLE LEAF CIRCLE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

596 MAPLE LEAF CIRCLE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-2237139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSEY, BOBBY J
413 MAPLE LEAF CIRCLE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CO
Name: POSEY, BOBBY J
Address: 413 MAPLELEAF CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: VC
Name: SWEET, TAMARA M
Address: 9617 MAPLELEAF DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: RSD
Name: FAIRCLOTH, JOANNE
Address: 421 MAPLELEAF CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: TD
Name: FAIRCLOTH, JOANNE
Address: 421 MAPLELEAF CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: ROPER, BARBARA
Address: 9625 MAPLELEAF LANE
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: COLLIER, JOSEPH G
Address: 9613 MAPLELEAF LANE
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: JOANNE FAIRCLOTH

TD

01/24/2011

Electronic Signature of Signing Officer or Director

Date