

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # H56782

1. Entity Name
**MAPLEWOOD DEVELOPMENT GROUP OF SARASOTA,
INC.**



Principal Place of Business
**6529 WOOD POND DRIVE
BRADENTON, FL 34202 US**

Mailing Address
**6529 WOOD POND DRIVE
BRADENTON, FL 34202 US**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1658808	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNSON, RONALD R
6529 WOOD POND DRIVE
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIES, DAVID S
STREET ADDRESS	1701 E LAKE AVE, SUITE 260
CITY-ST-ZIP	GLENVIEW, IL 60025

TITLE	STV
NAME	JOHNSON, RONALD R
STREET ADDRESS	6529 WOOD POND DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202

TITLE	T
NAME	SEIPP, JANICE C
STREET ADDRESS	1701 E LAKE AVE, SUITE 260
CITY-ST-ZIP	GLENVIEW, IL 60025

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE C. SEIPP

3-28-08

Date

941-727-1057

Daytime Phone #