

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02272

FILED
Feb 23, 2012
Secretary of State

Entity Name: MAPLEWOOD VILLAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3905 NORTH LAKESHORE DR
COCOA, FL 32926 US

New Principal Place of Business:

201 CAPE AVENUE
COCOA, FL 32926 US

Current Mailing Address:

3905 NORTH LAKESHORE DR
COCOA, FL 32926 US

New Mailing Address:

3911 CONNIE STREET
COCOA, FL 32926 US

FEI Number: 59-2777579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEANS, THOMAS W
47 W NEW HAVEN AVE
MELBOURNE, FL 32901 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: PD
Name: HALE, GORDON PRES
Address: 302 CAPE AVENUE
City-St-Zip: COCOA, FL 32926 US

Title: VPD
Name: CASSEL, STERLING JR R VP
Address: 601 EAST LAKESHORE DR
City-St-Zip: COCOA, FL 32926 US

Title: SEC
Name: ST-AMOUR, MICHELINE SEC
Address: 507 ELINOR STREET
City-St-Zip: COCOA, FL 32926 US

Title: TREA
Name: BUTLER, JOANNE TREAS
Address: 3889 N. LAKESHORE DRIVE
City-St-Zip: COCOA, FL 32926 US

Title: D
Name: PARADIS, GILLES D
Address: 702 WEST LAKESHORE DRIVE
City-St-Zip: COCOA, FL 32926 US

Title: D
Name: LECOMPTE, JEAN-CLAUDE D
Address: 3889 BARBARA ST
City-St-Zip: COCOA, FL 32926 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELINE ST-AMOUR

SEC

02/23/2012

Electronic Signature of Signing Officer or Director

Date