2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# N01000005486

Entity Name: MAPLE HILL HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

PO BOX 335
BARTOW, FL 33831

New Principal Place of Business:

1385 CAROLINE COURT
BARTOW, FL 33830

Current Mailing Address:

PO BOX 335
BARTOW, FL 33831

New Mailing Address:

FEI Number: 04-3702604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GALLO, MARIA C
1425 CAROLINE COURT
BARTOW, FL 33830 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: DV ( ) Delete
Name: GALLO, MARIA C
Address: 1425 CAROLINE COURT
City-St-Zip: BARTOW, FL 33830

Title: DT ( ) Delete
Name: GALLO, MARIA C
Address: 1425 CAROLINE CT
City-St-Zip: BARTOW, FL 33830

Title: DS ( ) Delete
Name: TIDWELL, ANNA
Address: 1365 ANSLEY AVE.
City-St-Zip: BARTOW, FL 33830

Title: DP ( ) Delete
Name: POLISENA, SUSIE
Address: 1385 CAROLINE CT
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA C. GALLO VP 07/06/2009
Electronic Signature of Signing Officer or Director — Date