

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90067 039 ****70.00

0055303

DOCUMENT # **N02000004635**

1. Entity Name
MAPLEWOOD NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**C/O BRENNER REAL ESTATE GROUP
1000 E HILLSBORO BLVD. STE 100
DEERFIELD BCH FL 33441**

Mailing Address
**C/O BRENNER REAL ESTATE GROUP
1000 E HILLSBORO BLVD. STE 100
DEERFIELD BCH FL 33441**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1500 W. CYPRESS CROOK RD #409

City & State
FT LAUD, FL

Zip
33309

CHECK HERE IF MAKING CHANGES

4. FEI Number _____ Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALBERTS, KATHLEEN
C/O BRENNER REAL ESTATE GROUP
1000 E HILLSBORO BLVD, STE 100
DEERFIELD BCH FL 33441**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1500 W. CYPRESS CROOK RD #409
FORT LAUDERDALE, FL
City State Zip Code
FL 33309

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 *K Alberts* DATE **4/30/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERTS, KATHLEEN	
STREET ADDRESS	1000 E HILLSBORO BLVD, STE 100	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAUER, MARION	
STREET ADDRESS	1718 VESTAL DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGLER, MARIE	
STREET ADDRESS	10039 RAMBLEWOOD DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, SANDY	
STREET ADDRESS	9946 NW 19 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTS, KATHLEEN	
STREET ADDRESS	1500 W CYPRESS CROOK RD #409	
CITY-ST-ZIP	FT LAUD, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *K Alberts* **4/30/03** **954-596-5591**

CR2E037 (10/02)