

**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**

4. FEI Number \_\_\_\_\_ Applied For  Not Applicable

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

CHECK HERE IF MAKING CHANGES

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  
**ALBERTS, KATHLEEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 W. CYPRESS CROOK RD #409**  
**FT LAUDERDALE, FL**  
City State Zip  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERTS, KATHLEEN</b>	
STREET ADDRESS	<b>1500 W CYPRESS CROOK RD #409</b>	
CITY-ST-ZIP	<b>FT LAUD, FL 33309</b>	
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)(i), 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: *KATHLEEN ALBERTS* DATE: **4/30/03** **954-596-5591**

CR2E037 (10/02)