

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010157

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** MAPLEWOOD VILLAGE AT LIVE OAK PRESERVE ASSOCIATION, INC.

**Current Principal Place of Business:**

19907 TAMIAMI AVE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 47629  
TAMPA, FL 33646

**New Mailing Address:**

FEI Number: 20-2205166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

ROTHACKER, ROSEMARY  
19907 TAMIAMI AVENUE  
TAMPA, FL 33647      US

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: PD3      ( ) Delete  
Name: COHEN, SHELDON  
Address: 20002 DAYTONA WAY  
City-St-Zip: TAMPA, FL 33647 US

Title: TD      ( ) Delete  
Name: ROTHACKER, ROSEMARY  
Address: 19907 TAMIAMI AVENUE  
City-St-Zip: TAMPA, FL 33647 US

Title: VP      ( ) Delete  
Name: SOLANO, ENRIQUE  
Address: 20103 TAMIAMI AVENUE  
City-St-Zip: TAMPA, FL 33647

**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:

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: ROSEMARY ROTHACKER

TD

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date