2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011006

FILED Apr 02, 2008 Secretary of State

Entity Name: MAPLE GARDENS THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 20-1292107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W C/O SENTRY MANAGEMENT INC. 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SANDERS, NANCY AMORE, CONNIE Name: Name:

12515 MCGREGOR BLVD #211A Address: 159 SUFFOLK AVE Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: REVERE, MA 02151

Title: **VPSD** () Delete Title: (X) Change () Addition HELLER, VIVIAN Name: JOHNSTON, BERNARD Name:

Address: 12515 MCGREGOR BLVD #105A Address: 910 RUTH DR City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: ELGIN, IL 60123

Title: () Delete Title: (X) Change () Addition TAYLOR, JOSEPH KADYSSEV, ALEX Name: Name:

12515 MCGREGOR BLVD #203A Address: Address:

6653 PLANTATION PRESERVE CIR N City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition

JOHNSTON, BERNARD Name: Name: STEMPNOWSKI, JANUSZ 910 RUTH DR Address: Address: 10105 HATTERAS CT City-St-Zip: ELGIN, IL 60123 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition

AMORE, CONNIE DODIER, ODETTE Name: Name:

159 SUFFOLK AVE 12515 MCGREGOR BLVD #111A Address: Address: City-St-Zip: REVERE, MA 02151 City-St-Zip: FORT MYERS, FL 33919

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: CONNIE AMORE PD 04/02/2008