

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03529

FILED
Apr 21, 2009
Secretary of State

Entity Name: MAPLECREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

183 MAPLECREST CIR
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

%ADU 185 E INDIANTOWN RD
STE 127
JUPITER, FL 33477 US

New Mailing Address:

1340 US HIGHWAY ONE
STE 102
JUPITER, FL 33469 US

FEI Number: 59-2697319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN-LENN, NATALIE ESQ.
2300 PALM BEACH LAKES BLVD.
NO. 308
WEST PALM BEACH, FL 33409 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: PD () Delete
Name: LITTLEJOHN, FRANK
Address: 153 MAPLECREST CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: VPD () Delete
Name: HADDOCK, NANCY
Address: 71 MAPLECREST CIR
City-St-Zip: JUPITER, FL 33458

Title: S () Delete
Name: BUTLER, PAULA
Address: 232 MAPLECREST CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: CRANMER, BILL
Address: 82 MAPLECREST CIR
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: JACRUSO, SANDY
Address: 153 MAPLECREST CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change () Addition
Name: HADDOCK, NANCY
Address: 71 MAPLECREST CIR
City-St-Zip: JUPITER, FL 33458

Title: P (X) Change () Addition
Name: BUTLER, PAULA
Address: 232 MAPLECREST CIRCLE
City-St-Zip: JUPITER, FL 33458

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

Title: VP () Change (X) Addition
Name: FULLONE, KIMBERLY
Address: 52 MAPLECREST CIR
City-St-Zip: JUPITER, FL 33458

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: PAULA BUTLER

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date