

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90078 030 ****61.25

DOCUMENT # N05000005444 1. Entity Name MAPLEWOOD PROFESSIONAL CENTER PHASE V OFFICE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1935 COMMERCE LANE JUPITER, FL 33458		Mailing Address 1930 COMMERCE LANE SUITE #1 JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box # 1931 - 1935 Commerce Lane Suite, Apt. #, etc.		3. Mailing Address 1935 Commerce Lane Suite, Apt. #, etc.	
City & State Jupiter FL		City & State Jupiter FL	
Zip 33458		Zip 33458	
Country USA		Country USA	
6. Name and Address of Current Registered Agent INGLIS, STEVE PCAM 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name MARILOU GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 1935 Commerce Lane Suite 1 City Jupiter, FL Zip Code 33458	
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 <i>[Signature]</i> MARILOU GONZALEZ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, JAMES J 1935 COMMERCE LANE, SUITE 1 JUPITER, FL 33458	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARILOU 1935 COMMERCE LANE, SUITE 1 JUPITER, FL 33458	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPS, MARY ANN 1935 COMMERCE LANE, SUITE 1 JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFROE, ANDY 1935 COMMERCE LANE SUITE 1 JUPITER, FL 33458	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, NANCY 1935 COMMERCE LANE SUITE 1 JUPITER, FL 33458	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jim Andersen 1935 Commerce Lane Suite 1 Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/24/07 Daytime Phone # (561) 747-9848	