2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001736

FILED May 05, 2009 Secretary of State

Entity Name: MAPLE CREEK CONDOMINIUM ASSOCIATION, INC.

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

15105-2 PINE MEADOWS DRIVE 5801 PELICAN BAY BLVD. FORT MYERS, FL 33905

SUITE 300

NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

3675 BROADWAY 635 FIRST STREET

FORT MYERS, FL 33901 WEBSTER CITY, IA 50595 US

FEI Number: 20-4101638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

SUPRENARD, RAY PORTER WRIGHT MORRIS & ARTHUR LLP 15105-2 PINE MEADOWS DRIVE 5801 PELICAN BAY BLVD.

FORT MYERS, FL 33908 SUITE 300 NAPLES, FL 34108 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: ELLEN A. GOLDMAN, ESQ. 05/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MOORE, DAVID A EPPS, LAURIE Name: Name: Address: 15105-2 PINE MEADOWS DRIVE Address: 635 FIRST STREET City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: WEBSTER, IA 50595 US

Title: () Delete Title: (X) Change () Addition Name: LOESKE, WILLIAM Name: MCFADDEN, CHANTELLE

Address: 15105-2 PINE MEADOWS DR Address: 635 FIRST STREET City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: WEBSTER, IA 50595 US

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

SUPRENARD, RAY Name: CRICKON, JIM Name: 15105-2 PINE MEADOWS DRIVE 635 FIRST STREET Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: WEBSTER, IA 50595

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: ELLEN A. GOLDMAN, ESQ. RΑ 05/05/2009