2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000010855

Entity Name: MAPLE CORNER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

223 OAK STREET SW
#118
LABELLE, FL 33935

New Principal Place of Business:

223 OAK STREET SW
#23
LABELLE, FL 33935

Current Mailing Address:

P.O. BOX 632
#118
LABELLE, FL 33975

New Mailing Address:

P.O. BOX 632
LABELLE, FL 33975

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

Name and Address of Current Registered Agent:

KRAFT, CAROL
223 OAK STREET SW
#118
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

KRAFT, CAROL
223 OAK STREET SW
#23
LABELLE, FL 33935 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: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FIDANZA, NICHOLAS S
Address: 224 OAK STREET SW
City-St-Zip: LABELLE, FL 33935

Title: VP ( ) Delete
Name: KUEHNE, CHARLES
Address: 232 OAK STREET SW
City-St-Zip: LABELLE, FL 33935

Title: VP ( ) Delete
Name: SCHLITTER, JOHN A JR
Address: 347 BOTTLEBRUSH AVE. SW
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete
Name: KRAFT, CAROL
Address: 223 OAK STREET SW
City-St-Zip: LABELLE, FL 33935

Title: T ( ) Delete
Name: CULLIGAN, DANIEL
Address: 228 OAK STREET SW
City-St-Zip: LABELLE, FL 33935

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:

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: CAROL A. KRAFT S 04/22/2009
Electronic Signature of Signing Officer or Director — Date