

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18259

FILED
Apr 14, 2005
Secretary of State

Entity Name: MAXWELL GABLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

906-C FRANCES STREET
KEY WEST, FL 330403360

New Principal Place of Business:

Current Mailing Address:

906-C FRANCES STREET
KEY WEST, FL 330403360

New Mailing Address:

FEI Number: 65-0562100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, W G
906-C FRANCES STR
KEY WEST, FL 33040 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: MILES, VALERIE
Address: 908-C FRANCES ST
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: WALT, SORT
Address: 906-B FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: RODRIGUEZ, PATRICIA
Address: 906-C FRANCES ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHORT, GINNI
Address: 908-A FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change () Addition
Name: RODRIGUEZ, W G
Address: 906-C FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Change () Addition
Name: MICHAUD, DON
Address: 908-C FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: W. G. RODRIGUEZ

TD

04/14/2005

Electronic Signature of Signing Officer or Director

Date