


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90012 034 \*\*\*\*61.25

<b>DOCUMENT # N24375</b>	
<b>1. Entity Name</b> MAPLE LEAF ESSTATES WOODWORKERS CLUB, INC.	

<b>Principal Place of Business</b> 2100 KINGS HIGHWAY PT. CHARLOTTE, FL 33980	<b>Mailing Address</b> 2100 KING'S HWY UNIT 884 PORT CHARLOTTE, FL 33980
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44010407

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122004 Chg-NP CR2E037 (10/03)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
LARSEN, POUL 2100 KINGS HWY #884 PT. CHARLOTTE, FL 33980		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

**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: Harriet (POUL LARSEN) DATE: Mar 2/04

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULEO, MICHAEL			NAME	JOHN RICHARDSON		
STREET ADDRESS	2100 KINGS WAY, 531			STREET ADDRESS	2100 KING'S HWY. # 824		
CITY-ST-ZIP	PT. CHARLOTTE, FL 33980			CITY-ST-ZIP	PT. CHARLOTTE, FL 33980		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSSARIO, PAUL			NAME	CATHY McDONALD		
STREET ADDRESS	2100 KINGS HWY, #1023			STREET ADDRESS	2100 KING'S HWY # 443		
CITY-ST-ZIP	PT. CHARLOTTE, FL 33980			CITY-ST-ZIP	PT. CHARLOTTE, FL 33980		
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, PAUL			NAME			
STREET ADDRESS	2100 KINGS HWY #884			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOIRE, DIANE			NAME			
STREET ADDRESS	2100 KINGS HWY, #310			STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**12.** I hereby certify that the information supplied with this filing does not qualify 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 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: Harriet (POUL LARSEN)

DATE: Mar 2/04 DAYTIME PHONE: 941-625-1248