

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26560

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** MAPLE LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7735 33RD LANE E  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

7735 33RD LANE E  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 65-0080473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GANEY, JOSEPH M  
7735-33RD LN E  
SARASOTA, FL 34243 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  
**Name:** GANEY, JOSEPH  
**Address:** 7735-33RD LN E  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** S  
**Name:** HONSA, TOM  
**Address:** 7838 34TH CT E  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** TD  
**Name:** SANBORN, SANDRA  
**Address:** 7704 34TH CT EAST  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** BM  
**Name:** DOWD, ROSEMARY  
**Address:** 7742-33RD LN E  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** BM  
**Name:** SANBORII, SANDRA  
**Address:** 7704-34TH C E  
**City-St-Zip:** SARASOTA, FL 34243

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH M. GANEY

**PRES**

**01/06/2011**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date