

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30119

FILED
Jan 15, 2010
Secretary of State

Entity Name: MAPLEWOOD HOME OWNERS ASSOCIATION OF PORT ORANGE, INC.

Current Principal Place of Business:

1000 CHAMBERLIN DR
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

1000 CHAMBERLIN DR
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-2922749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, BARBARA L
5409 NEWMAN DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

GROVER, CORINNE M
5632 FINLEY DRIVE
PORT ORANGE, FL 32127 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: CORINNE GROVER

01/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KALHLEEN, DAHLIN
Address: 5644 FINLEY DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: 1VP
Name: CARPENTER, MIKE
Address: 5652 FINLEY DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: PETRIE, DENNIS
Address: 5641 NEWMAN DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: 2VP
Name: MARKUS, BONNIE
Address: 5621 FINLEY DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: SD
Name: TAYLOR, PEGGY
Address: 5620 FINLEY DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: TD
Name: GROVER, CORINNE M
Address: 5632 FINLEY DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: CORINNE GROVER

TREA

01/15/2010

Electronic Signature of Signing Officer or Director

Date