

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005450

1. Entity Name

THE VILLAS AT MAPLEWOOD ASSOCIATION, INC.

FILED  
Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90153 014 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1152 GOODLETTE RD N NAPLES FL 34102 US	1044 CASTELLO DR SUITE 206 NAPLES FL 34103-1900 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0643157	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MGMT. CORP.  
1044 CASTELLO DR  
SUITE 206  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	YUTER, RONALD	
STREET ADDRESS	1514 EMBASSY WOODS BLVD.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIAZ, MARIA	
STREET ADDRESS	1514 EMBASSY WOODS BLVD.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COON, MARK	
STREET ADDRESS	EMBASSY WOODS BLVD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHARK, SCOTT. D/P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1514 GLEN EAGLE BLVD	
STREET ADDRESS	NAPLES, FL. 34104	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WILLIAMS, STEVEN. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1514 GLEN EAGLE BLVD	
STREET ADDRESS	NAPLES, FL, 34104	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_ DATE: 4-7-00 DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (9/99)