2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002032

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 038 ****61.25

MAPLE BROOKE NEIGHBORHOOD ASSOCIATION, INC.									
27725 OLD 4	EZE MANAGEMENT SERVICES, LLC	Mailing Address % GULF BREEZE MANAGE 27725 OLD 41-#104 BONITA SPRINGS, FL 341		S, LLC	1 (DE)(TO): 8 (D FO)(T)			111 661161 6811 6 161	(10 t 11 11 t 1
2. Principal P	ace of Business	3. Mailing Address							
DJH Pr	operty Services, Inc. #, etc.	DJH Property Sen	ices. Inc.				,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6708 C	ld Banvan Wav	Suite, Apt. #, etc.				ng-NP	CR2E03	37 (11/05)	
City & State		City & State Daple, F			4. FEI Number 65-078576	9		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country					\$8.75 Add	
34109	USA	34109	USA		5. Certificate of St	atus Desired		Fee Require	
	6. Name and Address of Current	Registered Agent	(3)		7. Name and Add	ress of New I	Registered	Agent	
WEIDNER	. RALPH L		NSO.	n	2 Hallo	ran			
	REEZE MANAGEMENT SERV	/ICES, LLC			P.O. Box Number is	Not Acceptab	(e) T.a		
27725 OLC			2/8	DJ.			LAN CH		
BONITA S	PRINGS, FL 34135		670	8 01	<u>d Banyan</u>	way		7:- 0	_
			City N	apl	$\boldsymbol{\nu}$	U	FL	34//	9
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re-	gistered office or	register	ed agent, or both, in	the State of F	lorida. I am	familiar with,	and accept
	PINA	7. +-					2 /	1-1/	
SIGNATURE.	Signature, typed or printed name of registered agent	end title if englishing (NOTE: Pr	egistered Agent algnatu	re remired	when reinstation)		<u> 2 - /c</u>	1-00	
	Signature, typec or printed name or registered agent	and the usebacene: (ACLC: M	adista an what sidustr	i e required	Much i den promisió i		DATE		
									
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cor	•		\$5.00 May Be Added to Fees			c payable to tment of St	•
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Date | Date | Degine Phone #

SIGNATURE: .