

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003579

1. Entity Name
**MAPLEWOOD PROFESSIONAL CENTER OFFICE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**1934 COMMERCE LANE SUITE 1
JUPITER, FL 33458**

Mailing Address
**1934 COMMERCE LANE SUITE 1
JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



02242005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0879442

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HEARING, DONALDSON
1934 COMMERCE LANE SUITE 1
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
HEARING, DONALDSON
1934 COMMERCE LANE SUITE 1
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDV
COTLEUR, ROBERT
1934 COMMERCE LANE SUITE 1
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IRVANI, JEFF
1934 COMMERCE LANE SUITE 1
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000253428
03/07/05-80033-013 70.00

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IN THIS SPACE**

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, trustee, or authorized representative of the corporation, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donaldson Hearing

Date

Daytime Phone #

03/24/05 561-747-6336