

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0879442

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2007**

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

**DO NOT WRITE  
IN THIS SPACE**

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05/17/07-80004-008 70.00

12. 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 supplement to 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Coteleur, Jr.

04.26.2007 561-747-6336

Date

Daytime Phone #