2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # N98000003579

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

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

02052008 No Chg-NP CR2E037 (4/06)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HEARING, DONALDSON
STREET ADDRESS	1934 COMMERCE LANE SUITE 1
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SDV
NAME	COTLEUR, ROBERT
STREET ADDRESS	1934 COMMERCE LANE SUITE 1
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	IRVANI, JEFF
STREET ADDRESS	1934 COMMERCE LANE SUITE 1
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/08-80044-018 70.00

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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 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: _____ 03/05/08 561-747-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #