FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

I-5

APPROVED AND FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N16797 (5)

1. Corporation Name

THE TOWN HOMES AT THE HAMPTONS CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
7139 NORTH NINTH AVENUE SUITE 201 PENSACOLA FL 32504	7139 NORTH NINTH AVENUE SUITE 201 PENSACOLA FL 32504 US

3. Date Incorporated or Qualified: 09/15/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2420149 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FYSBO, INC/PATRICIA MICKELSON
7139 NORTH NINTH AVENUE
SUITE 101
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: PATRICIA Mickelson (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition: President
NAME	WEBER, JAMES	12 NAME	Mike McGuire N/A
STREET ADDRESS	4415 LA JOLLA	13 STREET ADDRESS	P.O. Box 15088
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola FL. 32514
TITLE	VD	21 TITLE	☑ Change ☑ Addition: Treasurer
NAME	RUSSELL, JOHN	22 NAME	David Morgan
STREET ADDRESS	7936 DARTMOOR CT	23 STREET ADDRESS	601 E. Burgess Rd K-3
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola FL. 32504
TITLE	TD	31 TITLE	☑ Change ☑ Addition: Secretary
NAME	CORRIGAN	32 NAME	Wally Tompkins
STREET ADDRESS	601 E BURGESS RD K9	33 STREET ADDRESS	601 E. Burgess Rd K-5
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola FL. 32504
TITLE	D	41 TITLE	☐ Change ☐ Addition: D
NAME	CLARK, ANN	42 NAME	Susan Smith
STREET ADDRESS	601 E BURGESS RD K9	43 STREET ADDRESS	3045 Windermere Dr.
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	Pensacola FL
TITLE	SD	51 TITLE	☐ Change ☐ Addition: VD
NAME	DAVIS, GLORIA	52 NAME	John Russell
STREET ADDRESS	601 E BURGESS RD #G-3	53 STREET ADDRESS	7936 Dartmoor ct.
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	Pensacola FL
TITLE	D	61 TITLE	☐ Change ☐ Addition: D
NAME	SMITH, SUSAN	62 NAME	James Corrigan
STREET ADDRESS	3045 WINDERMERE DR	63 STREET ADDRESS	601 E. Burgess Rd. K-9
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	Pensacola FL. 32504

D-1 Mike McGuire P.O. Box 15088 Pensacola FL 32514
D Susan Smith 3045 Windermere Dr. Pensacola FL
VD John Russell 7936 Dartmoor ct. Pensacola FL
D James Corrigan 601 E. Burgess Rd. K-9 Pensacola FL. 32504

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David W. Morgan 4-26-95 (904) 474-4980
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID W. MORGAN

0021990

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N16802** (3)

1. Corporation Name

MAPLELOFT SUBDIVISION OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2616 MAPLELOFT ROAD~~	~~2616 MAPLELOFT ROAD~~
~~SARASOTA FL 34232~~	~~SARASOTA FL 34232~~

3. Date Incorporated or Qualified: 09/15/1986
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2714784 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business: 4411 Bee Ridge Rd	26	2a. Mailing Address: Same as #2
22	Suite, Apt. #, etc.: Suite 447	27	Suite, Apt. #, etc.
23	City & State: SARASOTA FL	28	City & State
24	Zip: 34232	25	Country: USA
29	Zip	30	Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THEIS, JOHN R CPA
2651 MAPLELOFT LANE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☒ Change ☐ Addition
NAME	~~HAFF, MARK~~	12 NAME	JOHN DELVECCHIO	
STREET ADDRESS	~~2616 MAPLELOFT RD.~~	13 STREET ADDRESS	2639 MAPLELOFT LANE	"D"
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FLORIDA 34232	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	~~DRIGGS, CHRIS~~	22 NAME	ALICE MOY	
STREET ADDRESS	~~2522 MAPLELOFT RD~~	23 STREET ADDRESS	2686 MAPLELOFT ROAD	"D"
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FLORIDA 34232	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	~~UPPERT, LAWRENCE, D~~	32 NAME	TED KWIATKINSKI	
STREET ADDRESS	~~2527 MAPLELOFT RD~~	33 STREET ADDRESS	2695 MAPLELOFT ROAD	"D"
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	SARASOTA, FLORIDA 34232	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

6/20/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R. Theis John R. Theis TREAS 04/29/95 813/371-7684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018330