

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18168 (7)

1. Corporation Name

THE COLONY AT MAPLEWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

942 U. S. HIGHWAY #1
13842 U.S. HIGHWAY ONE
JUNO BEACH FL 33408

942 U. S. HIGHWAY #1
13842 U.S. HIGHWAY ONE
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/09/1986** 3a. Date of Last Report **03/28/1994**

4. FEI Number **65-0056200** Applied For ☐ Not Applicable ☐

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 interstate tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O.B. - 7472

26 P.O.B. - 7472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 JUPITER, FL.

27 JUPITER, FL.

24 33468

25 PALM BCH.

28 33468

30 PALM BCH.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTO, JIMMY A.
842 US #1
JUNO BEACH FL**

81 Name KEITH BUTTRICK
82 Street Address (P.O. Box Number is Not Acceptable) 210 COLONY WAY WEST
83
84 City JUPITER FL 85 Zip Code 33458

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

Keith Buttrick

KEITH BUTTRICK (P.)

4/3/95.

(Signature of person 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	D
NAME	CHASE, HAL G.
STREET ADDRESS	101 TIMBERLANE
CITY, ST, ZIP	JUNO BEACH FL
TITLE	PD
NAME	CASTRO, JIMMY A
STREET ADDRESS	842 US HWY 1
CITY, ST, ZIP	JUNO BCH FL
TITLE	SD
NAME	CASTRO, MARY B
STREET ADDRESS	842 US HWY 1
CITY, ST, ZIP	JUNO BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	KEITH BUTTRICK	
1.3 STREET ADDRESS	210 COLONY WAY WEST	
1.4 CITY, ST, ZIP	JUPITER, FL., 33458	
2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	ROBERT COLONNESE	
2.3 STREET ADDRESS	108 COLONY WAY EAST	
2.4 CITY, ST, ZIP	JUPITER, FL., 33458	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	MARTHA FORTNAM	
3.3 STREET ADDRESS	109 COLONY WAY EAST	
3.4 CITY, ST, ZIP	JUPITER, FL., 33458	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

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 110.07(3)(k), 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, as an attachment with an address.

SIGNATURE

Robert Colonnese **ROBERT COLONNESE**

4/3/95. 7442774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number