

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 16, 1996 08:00 AM  
Secretary of State

DOCUMENT # N18168 (7)

1. Corporation Name

THE COLONY AT MAPLEWOOD HOMEOWNERS' ASSOCIATION,  
INC.

MAPLEWOOD



Principal Place of Business

Mailing Address

P.O. BOX 7472  
40042 U.S. HIGHWAY ONE  
JUPITER FL 33468  
US

P.O. BOX 7472  
40042 U.S. HIGHWAY ONE  
JUPITER FL 33468  
US

3. Date Incorporated or Qualified  
12/09/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 P.O. Box 7472

2a. Mailing Address

26 P.O. Box 7472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JUPITER FL

City & State

28 JUPITER FL.

Zip

Country

24 33468 25 P. Bch.

Zip

Country

29 33468 30 P. Bch.

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTTRICK, KEITH  
210 COLONY WAY WEST  
JUPITER FL 33458

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BUTTRICK, KEITH  
STREET ADDRESS 210 COLONY WAY WEST  
CITY-ST-ZIP JUPITER FL

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME COLONNESE, ROBERT  
STREET ADDRESS 108 COLONY WAY EAST  
CITY-ST-ZIP JUPITER FL

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME FORTNAM, MARTHA  
STREET ADDRESS 109 COLONY WAY EAST  
CITY-ST-ZIP JUPITER FL

MARTHA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

FORTNAM, MARTHA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

24.16

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)(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Date

4077442774

Daytime Phone #

CR2E037 (12/95)