FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N18168

1. Corporation Name

(7)

THE COLONY AT MAPLWOOMD HOMEOWNERS' ASSOCIATION, INC.

Delegate - 1 Division	of Ducinosa	Malling Address			
Principal Place	e of business	Mailing Address			=-= = = = = =
P.O. BOX 7472 JUPITER FL 33468		P.O. BOX 7472 JUPITER FL 33468-7472			
US		US		3. Date Incorporated or Qualified 12/09/1986	3a. Date of Last Report 04/16/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 65-0056200	Applied For
21 Suite Ast	# oto	26 Suite, Apt. #, etc.		03 0000200	Not Applicable
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Re	Jistered Agent
DUTTO	N PETU			SMITH, ODI	<u> </u>
	CK, KEITH ONV WAY WEST		82 Street	Address (P.O. Box Number is Not Acceptab	(a)
210 COLONY WAY WEST JUPITER FL 33458			83		3.525
00111211	., = 55,00		64 City		RE Zin Codo
			64 City	JUPITER	FL 85 Zip Code 33458
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	rtes, the above-named	corporation submits this statement for the p	urpose of changing its registered
agent. La	n familiar with, and accept the obliga	ations of, Section 617,0503, F	lorida Statutes	oration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Odino Sm	tu	odias ji	aith, president	14/9/4
	Signature, typed or printed name of registered age		TE: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SEDE AND DIDECTORS IN 12
12.	OFFICERS AN	DELETE	1.1 TITLE	PD	Change Addition
NAME :	BUTTRICK, KEITH		1.2 NAME	SMITH ODIAS	•
STREET ADDRESS	210 COLONY WAY WEST		1.3 STREET ADDRESS	124 TIMBER	ANE
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	JUPITEL, FL.	
TITLE	TD	DELETE	2.1 TITLE	TO	Change Addition
NAME	COLONNESE, ROBERT		2.2 NAME	BALIK, LARRY	
STREET ADDRESS	108 COLONY WAY EAST		2.3 STREET ADDRESS	330 COLONY MA	1
CITY-ST-ZIP	JUPITER FL		2. 4 CITY-ST-ZIP	JUPITER, FL.	
TITLE	SD SOPTIME	DELETE		50 ************************************	Change Addition
NAME	FORTNAM, MARTHA		3.2 NAME	METKO, FAY	,
STREET ADDRESS	109 COLONY WAY EAST JUPITER FL		3.3 STREET ADDRESS	JUPITER, FL.	7
CITY-SI-7IP TITLE	JUFITER FL	DELETE	3 4. C(TY-ST-ZIP 4.1 TITLE	ODPITER, FL.	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	e.	
STREET ADDRESS			6.3 STREET ADDRESS		ı
CITY-SI-ZIP	or certify not the information supplies	with this filing does not our	6.4 CITY-ST-ZIP	lated in Section 119 07/3/(i) Florida Statute	s. I further certify that the
info matio	on indicated on this annual report or allificer or director of the corporation	upplemental annual report is	true and accurate and ed to execute this r	tated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega eport as required by Chapter 617, Florida S	I effect as if made under oath; that statutes; and that my name

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHITH

5617476550 Daytime Phone # 0044208

FILED

Apr 23 1997 8:00am

Secretary of State

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