

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90044 042 ****61.25

DOCUMENT # N18168

1. Entity Name

THE COLONY AT MAPLWOOD HOMEOWNERS' ASSOCIATION.

Principal Place of Business

Mailing Address

P.O. BOX 7472
 JUPITER FL 33468
 US

P.O. BOX 7472
 JUPITER FL 33468-7472
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0056200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ODIAS
124 TIMBERLANE
JUPITER FL 33458

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME SMITH, ODIAS
 STREET ADDRESS 125 TIMBER LANE
 CITY-ST-ZIP JUPITER FL 33458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME SMITH, KATHIE
 STREET ADDRESS 125 TIMBER LANE
 CITY-ST-ZIP JUPITER FL 33458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME RAJKOVICH, BRENDA
 STREET ADDRESS 114 COLONY WAY EAST
 CITY-ST-ZIP JUPITER FL 33458

TITLE SD Change Addition
 NAME MARILYN GREATHOUSE
 STREET ADDRESS 101 COLONY WAY EAST
 CITY-ST-ZIP JUPITER, FL 33458

TITLE D Delete
 NAME MORROW, JENNIFER
 STREET ADDRESS 106 COLONY WAY EAST
 CITY-ST-ZIP JUPITER FL 33458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *Kathie Smith* **KATHIE SMITH**

5-1-00

561-747-5377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)