

FILED
May 30, 2001 8:00 am
Secretary of State

04-12-2001 90001 032 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18168
 1. Entity Name
THE COLONY AT MAPLWOOD HOMEOWNERS' ASSOCIATION,

Principal Place of Business P.O. BOX 7472 JUPITER FL 33468 US	Mailing Address P.O. BOX 7472 JUPITER FL 33468 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0056200	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SMITH, ODIAS
124 TIMBERLANE
JUPITER FL 33458

7. Name and Address of New Registered Agent
 Name: ~~TRACY HYDE~~ **RICK MERANTE**
 Street Address (P.O. Box Number is Not Acceptable):
~~228 COLONY WAY WEST~~
221
 City: **JUPITER** FL Zip Code: **33458**

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: *Odi Smith* DATE: 4-6-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ODIAS 125 TIMBER LANE JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, KATHIE 125 TIMBER LANE JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREATHOUSE, MARILYN 101 COLONY WAY EAST JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, JENNIFER 108 COLONY WAY EAST JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID KOBAN DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 202 COLONY WAY WEST JUPITER FL 33458 TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRACY HYDE 228 COLONY WAY WEST JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID ESHACK 109 COLONY WAY EAST JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICK MERANTE 221 COLONY WAY WEST JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRACY HYDE 228 COLONY WAY WEST JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANNA BERNAY ROMAN 224 COLONY WAY WEST JUPITER FL 33458

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 all other like empowered.

SIGNATURE: *Kathie Smith* **REQUIRED** *Rick Merante* Pres, 4/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)