

4/12

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 MAPLEWOOD HOMEOWNERS' ASSOCIATION,

Principal Place of Business

Mailing Address

P.O. BOX 7472
 JUPITER FL 33468
 US

P.O. BOX 7472
 JUPITER FL 33468
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0056200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ODIAS
 124 TIMBERLANE
 JUPITER FL 33458

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

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

(NOTE: Registered Agent signature required when resigning)

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	<input type="checkbox"/> Delete
NAME	SMITH, ODIAS	
STREET ADDRESS	125 TIMBER LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, KATHIE	
STREET ADDRESS	125 TIMBER LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREATHOUSE, MARILYN	
STREET ADDRESS	101 COLONY WAY EAST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROW, JENNIFER	
STREET ADDRESS	108 COLONY WAY EAST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DAVID KOBAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	202 COLONY WAY WEST	
STREET ADDRESS	JUPITER FL 33458	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY HYDE	
STREET ADDRESS	228 COLONY WAY WEST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID ESHACK	
STREET ADDRESS	109 COLONY WAY EAST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DIRECTOR PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK MERANTE	
STREET ADDRESS	221 COLONY WAY WEST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY HYDE	
STREET ADDRESS	109 COLONY WAY EAST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	AD DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNA BERNARD ROMAN	
STREET ADDRESS	224 COLONY WAY WEST	
CITY-ST-ZIP	JUPITER FL 33458	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)