FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:39

DOCUMENT # **N24565** **(6)**

1. Corporation Name

THE HAMPTONS AT MAPLEWOOD HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
P O BOX 3667 TEQUESTA FL 33469-7667	P O BOX 3667 TEQUESTA FL 33469-7667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1988
3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0023662 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHWIND, GEORGE
ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE. SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	SIMONS, JACK	1.2 NAME	TERRY TARGETT	
STREET ADDRESS	126 E. HAMPTON WAY	1.3 STREET ADDRESS	177 SO HAMPTON DR	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER FL	
TITLE	VD	2.1 TITLE	DIRECTOR ONLY	☒ Change ☐ Addition
NAME	POSNER, MYRNA	2.2 NAME		
STREET ADDRESS	128 HAMPTON CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	GODFREY, CHARLES	3.2 NAME	GEORGE LITINSKI	
STREET ADDRESS	205 SO HAMPTON DR	3.3 STREET ADDRESS	136 SO. HAMPTON DR	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER, FL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LANDELL, HARPER	4.2 NAME		
STREET ADDRESS	280 SUSSEX CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	VAN NOY, MARK	5.2 NAME	TERRI GABRIEL	
STREET ADDRESS	144 HAMPTON CIRCLE	5.3 STREET ADDRESS	170 HAMPTON CIRCLE	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	JUPITER, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: _____ 4/6/95 407-747-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061243