FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N24565

THE HAMPTONS AT MAPLEWOOD HOMEOWNERS ASSOCIATION , INC.

P.O. BOX 8143	P.O. BOX 8143
JUPITER FL 33468-8143	Jupiter FL 33468-8143
US	US

FILED Apr 26, 1999 8:00 am § Secretary of State

04-26-1999 90225 032 ****61.25

P.O. BOX 8143 JUPITER FL 33468-8143 US P.O. BOX 8143 JUPITER FL 33468-8143 US							
2. Principal P	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
21		26			01/29/1988		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI'Number 65-0023662	Applied For	-
22		City 9 State			03 0023002	Not Applicat \$8.75 Ac ditional	i
City & State	9	City & State			5. Certificate of Status Desired	Fee Required	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be	\neg
24	25	<u> </u>	0		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent	
	-		81	Name			Ì
SCHWIND, GEORGE ST. JOHN, KING & DICKER			82	Street	Address (P.O. Box Number is Not Acceptable)		
	, KING & DICKER RALIAN AVE. SUITE 600		83	-			\neg
	M BEACH FL 33401		0.4	0:5		85 Zip Code	
WEST I AL	IN DEACHTE GOTOT		84	City	F	L S Zip Code	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	norized by	the corp	co poration submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	d
SIGNATURE	Signature, typed or printed name of registered agen	t ind title if applicable (NOTE : R	legistered Age	nt signature	required when reinstating) DATE		Ì
12.		D DIRECTORS	13.		ADDITIC NS/CHANGES TO OFFICERS	7.ND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Presiden-	Change ☐ Add	ition
NAME	HOLLOWAY, T		1.2 NAME				
STREET ADDRESS	202 HAMPTON CIR		1.3 STREE	T ADDRESS			Į
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-S	T-ZIP			
TITLE	Τ	☐ DELETE	2.1 TITLE			Change Addi	ition
NAME	TARGETT, TERRY		2.2 NAME				
STREET ADORESS	177 SOUTH HAMPTON DRIVE		23 STREE	T ADDRESS			
C/TY-ST-ZIP	JUPITER FL 33458		2. 4 CITY-5	ST-ZiP			
TITLE	D	™ DELETE	31 TITLE		*D	Change Add	ition
NAME	MARSHALL, PEG_	-	32 NAME	-	George Litinski 1365. Hampton Dr. Jupiter, FL 33458		
STREET ADDRESS	250 HAMPTON PLACE			T ADDRESS	136 S. Hampton Dr.		
CITY-ST-ZIP	JUPITER FL 33458		3.4. CITY-5	ST-ZIP	Jupiter, FL 33458	☐ Change ☐ Add	ition
πιLE	D	☐ DELETE	4,1 TITLE			☐ Change ☐ Add	IuOII
NAME	GODFREY, CHARLIE		4. 2 NAME				
STREET ADDRESS	205 S. HAMPTON DR			TADORESS			
CITY-ST-ZIP	JUPITER FL 33458	M DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP	<u> </u>	Change Add	fition
TITLE	P AMINED O	D DELETE	5.1 TITLE 5.2 NAME		Coleen Scalzo		
NAME OTDEET LODDENS	WILNER, G			T ADDRESS	USE Hamatan Liny		
STREET ADDRESS			5.4 CITY- S		148 E Hampton Way Jupiter, FL 33458		
CITY-ST-ZIP TITLE	JUPITER FL 33458	□ DELETE	6.1 TITLE		0000.10. , = 00 .00	Change Add	ition
NAME		<u> </u>	6.2 NAME			_ - _	
STREET ADDRESS			6.3 STREE	T ADDRESS	s		
SINCE I ADDRESS					1		- 1

Cmy.st-zip

14. 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 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 employeered 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, with a lother like empowered.

SIGNATURE: