2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # N24565 1. Entity Name THE HAMPTONS AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC.							04-27-2005	_		61.25	
Principal Place 725 N A1A STE C110 JUPITER, FL		s US	725 (STE (us]		2 <i>0</i> 0	ÚS (76
2. Principal F	Place of Busir	iess	3. Mail	ing Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			03312005 _C	Chg-NP	CR2E03	37 (10/03)		
			City	City & State			1 65 0000660				applied For lot Applicable
Zip		Country	Zìp		Country		5. Certificate of S	Status Desired		\$8.75 Ac Fee Requir	
6. Name and Address of Current Registered				d Agent			7. Name and Ad	dress of New F	Registered A	Agent	
INGLIS, STEVE					Street /	Address (P.O. Box Number is Not Acceptable)					
Ci					City		FL Zip Code				
		y submits this statem tered agent.	ent for the purpo	ose of changing its r	egistered office o	or register	ed agent, or both, in	the State of Fi	orida. Iam	lamiliar with	, and accept
SIGNATURE		or printed name of registered	d agent and title if appl	icable. (NOTE:	Registered Agent signs	atura required	when reinstating)		DATE		
}	Signature, typed	or printed name of registered the is \$61.25 May 1, 2005	d agent and title if appl	9. Election Camp	paign Financing	ature required	\$5.00 May Be Added to Fees	1	DATE lake check		
}	Signature, typed	e is \$61.25 May 1, 2005	d agent and title if applications	9. Election Camp	paign Financing		\$5.00 May Be	Flor	lake checi rida Depar	tment of S	State
SIGNATURE	Signature, typed	e is \$61.25 May 1, 2005 OFFICERS AN		9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flor	lake checi rida Depar	tment of S	N 10
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22/05 746-8825