2007 NOT-FOR-PROFIT CORPORATION

Mar 16, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N24565 03-16-2007 90033 046 ****61.25 THE HAMPTONS AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 61657009 1930 COMMERCE LANE 185 E INDIANTOWN RD STF #1 **STE 127** JUPITER, FL 33458 US JUPITER, FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E037 (12/06) Cha-NP Applied For 4. FEI Number 65-0023662 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INGLIS, STEVE Street Address (P.O. Box Number is Not Acceptable) **BRISTOL MANAGEMENT** 1930 COMMERCE LN JUPITER, FL 33458 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change Addition Delete TITLE THOMAS, DICK NAME 114 HAMPTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP ☐ Addition Delete Change TITLE RENE, PETER NAME 264 SUSSEX CIRCLE STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-7IP Chance ☐ Addition Delcte TITLE MARCATI, LOU NAME NAME 101 E HAMPTON WAY STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-ZIP Director Change 🔀 ☐ Addition Delete TITLE TITLE SCALZO, COLEEN NAME NAME 148 E HAMPTON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 Delete ☐ Channe Addition TITLE TITLE GODFREY, CHARLES NAME NAME STREET ADDRESS 205 S. HAMPTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 apaddress with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

Daytime Phone #

Change

■ Addition