

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 09 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # **N35888** (9)
1. Corporation Name
MAPLE HAMMOCK HOMEOWNERS' ASSOCIATION, INC.



| | |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 290 COCOANUT AVE SARASOTA FL 34236 3539 CHINABERRY LANE SARASOTA, FL 34235 | Mailing Address 290 COCOANUT AVE SARASOTA FL 34236 SAME AS TO LEFT |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 01/02/1990 | |
| 4. FEI Number 65-0648660 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------------------------|---------------------------------------------|
| 21. Principal Place of Business 3539 CHINABERRY LANE | 2a. Mailing Address 3539 CHINABERRY LANE |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State SARASOTA | 28. City & State SARASOTA |
| 24. Zip 34235 | 29. Zip 34235 |
| 25. Country SARASOTA | 30. Country SARASOTA |

9. Name and Address of Current Registered Agent
MUSTARI, RONALD
290 COCOANUT AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

| |
|-------------------------------------------------------------------------------|
| 81 Name AARON WATKINS |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3539 CHINABERRY LANE |
| 83 SARASOTA |
| 84 City ↓ |
| 85 Zip Code FL 34235 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Aaron Watkins (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MUSTARI, RONALD | |
| STREET ADDRESS | 290 COCOANUT AVE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LICHTER, DON | |
| STREET ADDRESS | 290 COCOANUT AVE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LYONS, BETTY | |
| STREET ADDRESS | 3527 CHINABERRY LN | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|-------------------------------------------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | TODD KELLY | |
| 1.3 STREET ADDRESS | 3515 CHINABERRY LANE | |
| 1.4 CITY-ST-ZIP | SARASOTA, FL 34235 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | RANDI LEWIS | |
| 2.3 STREET ADDRESS | 3584 CHINABERRY LANE | |
| 2.4 CITY-ST-ZIP | SARASOTA, FL 34235 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | AARON WATKINS | |
| 3.3 STREET ADDRESS | 3539 CHINABERRY LANE | |
| 3.4 CITY-ST-ZIP | SARASOTA, FL 34235 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-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 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: Aaron Watkins

CR2E037 (10/97)