

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24565

Entity Name: THE HAMPTONS AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 23, 2025
Secretary of State
5692987623CC**Current Principal Place of Business:**C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 65-0026332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IGLESIAS LAW GROUP, P.A.
15800 PINES BLVD
SUITE 303
PEMBROKE PINES, FL 33027 US*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.***SIGNATURE:** DAVID IGLESIAS

04/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	YOUNG, JESSICA
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	SOMOKSEY, TAI
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	BOORAS, TED
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PRESIDENT
Name	GENNAMORE, CONNIE
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	SKAKANDY, STEVE
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE GENNAMORE**PRESIDENT**

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date