2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2023
Secretary of State
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Entity Name: THE HAMPTONS AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC.

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 04/30/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	VP
Name	LONG, JOSH	Name	SOMOKSEY, TAI
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.	Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	SECRETARY	Title	PRESIDENT
Name	YOUNG, JESSICA	Name	GENNAMORE, CONNIE
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.	Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	DIRECTOR		
Name	RUSSO, JOE		
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 04/30/2023

Electronic Signature of Signing Officer/Director Detail — Date