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FILED

**Jan 17 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726631 (5)
1. Corporation Name
HAMPTON COURT CONDOMINIUM, INC.



Principal Place of Business Mailing Address
**55 NEEDLE BLVD., #89
MERRITT ISLAND FL 32953-3368** **490 N. HARBOR CITY BLVD.
MELBOURNE FL 32935-6858**

3. Date Incorporated or Qualified **06/07/1973** 3a. Date of Last Report **06/20/1996**
4. FEI Number **59-1559806** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**UNDERILL, H. J. III
490 N. HARBOR CITY BVD.
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | DEAN, DONALD |
| STREET ADDRESS | 600 MILFORD PT. RD. |
| CITY - ST - ZIP | MERRITT ISLAND FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LOMBARDO, VINCE |
| STREET ADDRESS | 55 NEEDLE BLVD #67 |
| CITY - ST - ZIP | MERRITT ISLAND FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FRANKLIN, PEGGEE |
| STREET ADDRESS | 55 NEEDLE BLVD. #78 |
| CITY - ST - ZIP | MERRITT ISLAND FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | NATOWICH, SANDEE |
| STREET ADDRESS | 55 NEEDLE BLVD., #57 |
| CITY - ST - ZIP | MERRITT ISLAND FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | UNDERILL, H.J. |
| STREET ADDRESS | 490 N. HARBOR CITY BLVD. |
| CITY - ST - ZIP | MELBOURNE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 do 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **H. J. UNDERILL** Date: **1-6-97** Daytime Phone #: **407-242-2224 x112**

CP2E037 (9/96)