


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90068 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 726631</b> 1. Corporation Name <b>HAMPTON COURT CONDOMINIUM, INC.</b>		
Principal Place of Business 55 NEEDLE BLVD., #89 MERRITT ISLAND FL 32953-3368	Mailing Address 490 N. HARBOR CITY BLVD. MELBOURNE FL 32395	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/07/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1559806
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNDERILL, H. J. III 490 N. HARBOR CITY BVD. MELBOURNE FL 32935	81 Name <b>CHARLES KANE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5340 N ATLANTIC AVE</b> 83 84 City <b>COCOA BEACH</b> FL 85 Zip Code <b>32931</b>

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 *Charles Kane* DATE **4/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <del>DELETE</del>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMBA, MARY	1.2 NAME	
STREET ADDRESS	55 NEEDLE BLVD #65	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, VINCE	2.2 NAME	VINCE LOMBARDO
STREET ADDRESS	55 NEEDLE BLVD #67	2.3 STREET ADDRESS	55 NEEDLE BLVD. #67
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, DAVID	3.2 NAME	DAVID DIAMOND
STREET ADDRESS	200 S SYKES CIR #104	3.3 STREET ADDRESS	200 S SYKES CIR #104
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	D <del>DELETE</del>	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MONICA	4.2 NAME	RICHARD MARTINOLICH
STREET ADDRESS	55 NEEDLE BLVD #51	4.3 STREET ADDRESS	645 JACARANDA ST
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **SKIN REQUIRED** DATE: **4/26/99** DAYTIME PHONE #: **407-783-4923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)