


**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 726631		
1. Entity Name HAMPTON COURT CONDOMINIUM, INC.		
Principal Place of Business 1980 N. ATLANTIC AVE. #701 COCOA BEACH, FL 32931		Mailing Address 1980 N. ATLANTIC AVE., #701 COCOA BEACH, FL 32931
2. Principal Place of Business <i>55 Needle Blvd</i>		3. Mailing Address <i>204 W Cocoa Bch Cswy</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>Merritt Island, FL</i>		City & State <i>Cocoa Beach, FL</i>
Zip <i>32953</i>	Country	Zip <i>32931</i>
4. FEI Number 59-1559806		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, PETEY 1980 N. ATLANTIC AVE., #701 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name <i>Keldorff, Inc. DBA ERA Showcases</i> Street Address (P.O. Box Number is Not Acceptable) <i>90 Karen Gunn - Bardot</i> <i>204 W. Cocoa Beach Cswy</i> City <i>Cocoa Beach</i> FL Zip Code <i>32931</i>
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> <i>KAREN GUNN-BARDOU</i> DATE <i>3/21/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DREW, GERARD PO BOX 321425 COCOA BEACH, FL 329321425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, ANGELES 55 HATFIELD AVE MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Anna Over</i> <i>55 Needle Blvd. #70</i> <i>Merritt Island, FL 32953</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWAYGHIM, CATHY 55 NEEDLE BLVD #60 MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGRAMONTE, JEAN 230 E LAUREN CT MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, JENNY 55 NEEDLE BLVD. #46 MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Gennie Watkins</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHERSO, ANN MARIE 3455 LOST CANYON PL COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/1/06</i> Daytime Phone # <i>(321) 783-5000</i>

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