


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 726631			
1. Entity Name HAMPTON COURT CONDOMINIUM, INC.			
Principal Place of Business 55 NEEDLE BLVD MERRITT ISLAND, FL 32953		Mailing Address 204 W COCOA BCH CSWY COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
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		7. Name and Address of New Registered Agent	
KELDORFF, INC/ERA SHOWCASE C/O KAREN GUNN-BARDOT 204 W COCOA BCH CSWY COCOA BEACH, FL 32931		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2007		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 T	NAME DREW, GERARD	TITLE Director	NAME Michael Bracie
STREET ADDRESS PO BOX 321425	CITY-ST-ZIP COCOA BEACH, FL 329321425	STREET ADDRESS 5855 Industrial Dr.	CITY-ST-ZIP Cocoa FL 32927
TITLE D	NAME OVER, ANNA	TITLE Director	NAME Carol Lee
STREET ADDRESS 55 NEEDLE BLVD 70	CITY-ST-ZIP MERRITT ISLAND, FL 32953	STREET ADDRESS 2950 S. Tropical Trail	CITY-ST-ZIP Merritt Island, FL 32952
TITLE S	NAME AGRAMONTE, JEAN	TITLE Secretary Treasurer	NAME Jean Agramonte
STREET ADDRESS 230 E LAUREN CT	CITY-ST-ZIP MERRITT ISLAND, FL 32952	STREET ADDRESS 230 E Lauren Ct.	CITY-ST-ZIP Merritt Island, FL 32952
TITLE VP	NAME WATKINS, GENNIE	TITLE	NAME
STREET ADDRESS 55 NEEDLE BLVD. #46	CITY-ST-ZIP MERRITT ISLAND, FL 32953	STREET ADDRESS	CITY-ST-ZIP
TITLE P	NAME MCPHERSO, ANN MARIE	TITLE	NAME
STREET ADDRESS 3455 LOST CANYON PL	CITY-ST-ZIP COCOA, FL 32926	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: <u>Gennie Watkins</u> _____ Date _____ Daytime Phone # _____			