2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726631

FILED Apr 14, 2009 Secretary of State

Entity Name: HAMPTON COURT CONDOMINIUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 55 NEEDLE BLVD MERRITT ISLAND, FL 32953 **Current Mailing Address: New Mailing Address:** 204 W COCOA BCH CSWY COCOA BEACH, FL 32931 FEI Number: 59-1559806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRACIE, MICHAEL Name: Name: 5855 INDUSTRIAL DR. Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: Title: () Delete (X) Change () Addition LEE, CAROLE Name: LEE, CAROLE Name: Address: 2950 S. TROPICAL TRAIL Address: 2950 S. TROPICAL TRAIL City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: () Change () Addition DAVIS, JEROME Name: Name: Address: PO BOX 84 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SWAYNGIN, COTHERIN Name: BARROTTI, JAMES Address: 55 NEEDLE BLVD #60 Address: 55 NEEDLE BLVD #42 City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 Title: () Delete Title: (X) Change () Addition MCPHERSO, ANN MARIE FORESTER, JOHN Name: Name: 3455 LOST CANYON PL 55 NEEDLE BLVD, #71 Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN E. GUNN-BARDOT MS. 04/14/2009