

N0000000216P

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

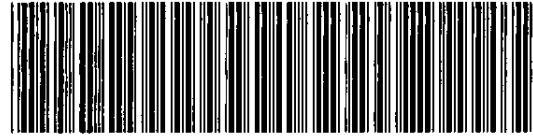
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

As by



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2011

DAVID HOFFMAN - RECORDS ADMINISTRATOR
OMEGA COMMUNITY MANAGEMENT
3270 SUNTREE BLVD, STE 216
MELBOURNE, FL 32940

SUBJECT: HAMPTON PARK FACILITIES ASSOCIATION, INC.
Ref. Number: N00000002168

We have received your document for HAMPTON PARK FACILITIES ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one registered agent name in block 6. David Hoffman or Omega community Management, inc. An officer or director of the corporation must sign form below in the space provided.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00001910

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11 FEB 18 AM 10:50
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAMPTON PARK FACILITIES ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N00000002168

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

David Hoffman
Name of Contact Person

OMEGA COMMUNITY MANAGEMENT, INC.
Firm/Company

3270 SUNTREE BOULEVARD, SUITE 216
Address

MELBOURNE, FLORIDA 32940
City/State and Zip Code

dhoffman@omegacommunitymanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID HOFFMAN at (321) 757-7902
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HAMPTON PARK FACILITIES ASSOCIATION, INC.
2. The principal office address: 3270 Suntree Boulevard, Suite 216, Melbourne, Florida 32940
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-3-2000 Document number: N00000002168

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TCB PROPERTY MANAGEMENT, INC.
417 MILFORD POINT ROAD
MERRITT ISLAND, FLORIDA 32952

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

OMEGA COMMUNITY MANAGEMENT, INC.
3270 SUNTREE BOULEVARD, SUITE 216
P.O. Box NOT acceptable
MELBOURNE, FLORIDA 32940

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Phyllis Powers
Signature of an officer or director

Phyllis Powers / President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

David Hoffman
Signature of Registered Agent

1-27-2011
Date

If signing on behalf of an entity:

David Hoffman
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *