

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003427

**FILED  
Jul 02, 2004  
Secretary of State**

**Entity Name:** HAMPTON WOODS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5719 HAMPTON WOODS BLVD.  
SEBRING, FL 33872

**New Principal Place of Business:**

5728 HAMPTON WOODS BLVD.  
SEBRING, FL 33872

**Current Mailing Address:**

5719 HAMPTON WOODS BLVD.  
SEBRING, FL 33872

**New Mailing Address:**

5728 HAMPTON WOODS BLVD.  
SEBRING, FL 33872

**FEI Number:** 01-0656623      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCLURE, JOHN K  
230 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870

**Name and Address of New Registered Agent:**

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:**

Title: DP      ( ) Delete  
Name: NAYLOR, BRIAN E  
Address: 3727 SARRIA AVENUE  
City-St-Zip: SEBRING, FL 338721559

Title: DST      ( ) Delete  
Name: NAYLOR, CATHERINE C  
Address: 3727 SARRIA AVENUE  
City-St-Zip: SEBRING, FL 338721559

Title: D      ( ) Delete  
Name: DAVIS, HAROLD A  
Address: 5921 HAMPTON WOODS BLVD.  
City-St-Zip: SEBRING, FL 33872

Title: D      ( ) Delete  
Name: FISCHER, MARVIN  
Address: 5717 HAMPTON WOODS BLVD.  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIAN E NAYLOR

DP

07/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date