

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90246 027 ****61.25

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|--|--------------------------|--|--|--|--|
| DOCUMENT # N01000003427 | | | | | |
| 1. Entity Name HAMPTON WOODS OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5728 HAMPTON WOODS BLVD. SEBRING, FL 33872 | | | Mailing Address 5728 HAMPTON WOODS BLVD. SEBRING, FL 33872 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01-0656623 | |
| Zip | | Country | | 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 | | |
| MCCLURE, JOHN K 230 SOUTH COMMERCE AVENUE SEBRING, FL 33870 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | DP | <input type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NAYLOR, BRIAN E. | | NAME | FELGERPFEL, FRED | |
| STREET ADDRESS | 5729 HAMPTON WOODS BLVD | | STREET ADDRESS | 3726 HAMPTON WOODS BLVD | |
| CITY-ST-ZIP | SEBRING, FL 33872 | | CITY-ST-ZIP | Sebring, FL 33872 | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NAYLOR, CATHERINE C | | NAME | STEGALLY, DAN | |
| STREET ADDRESS | 5729 HAMPTON WOODS BLVD | | STREET ADDRESS | 5915 HAMPTON WOODS BLVD | |
| CITY-ST-ZIP | SEBRING, FL 33872 | | CITY-ST-ZIP | Sebring, FL 33872 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, HAROLD A | | NAME | DAVIS, PHILLIP | |
| STREET ADDRESS | 5921 HAMPTON WOODS BLVD. | | STREET ADDRESS | 5905 HAMPTON WOODS BLVD | |
| CITY-ST-ZIP | SEBRING, FL 33872 | | CITY-ST-ZIP | Sebring, FL 33872 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISCHER, MARVIN | | NAME | | |
| STREET ADDRESS | 5717 HAMPTON WOODS BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEBRING, FL 33872 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <i>Brian E. Naylor</i> | | 12 JANUARY 2006 | | 863-471-2008 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |