

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90153 012 \*\*\*\*61.25

**DOCUMENT # N01000003427**

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



Principal Place of Business

**3727 SARRIA AVENUE  
SEBRING FL 33872-1559**

Mailing Address

**3727 SARRIA AVENUE  
SEBRING FL 33872-1559**

2. Principal Place of Business

**5719 HAMPTON WOODS BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address

**5719 HAMPTON WOODS BLVD.**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**SEBRING, FLORIDA**

City & State  
**SEBRING, FLORIDA**

4. FEI Number **01-0656623**

Applied For  
 Not Applicable

Zip  
**33872**

Country  
**U.S.A.**

Zip  
**33872**

Country  
**USA.**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>NAYLOR, BRIAN E</b>	
STREET ADDRESS	<b>3727 SARRIA AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872-1559</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>NAYLOR, CATHERINE C</b>	
STREET ADDRESS	<b>3727 SARRIA AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872-1559</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KROEGER, M. ROBERT</b>	
STREET ADDRESS	<b>397 CATALINA DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872-1559</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, MARVIN</b>	
STREET ADDRESS	<b>3805 EDGEWATER DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRECTOR FISCHER, MARVIN</b>	
STREET ADDRESS	<b>5717 HAMPTON WOODS BLVD</b>	
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, HAROLD A. DIRECTOR</b>	
STREET ADDRESS	<b>5721 HAMPTON WOODS BLVD.</b>	
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Signature Required*  
**BRIAN E. NAYLOR**

**24 MARCH 2003 863-471-2008**

CR2E037 (10/02)