

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90283 048 ****61.25

| | | | |
|---|--|--|---|
| DOCUMENT # N01000005219 1. Entity Name WEST HAMPTON HOMEOWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 3974 TAMPA ROAD B OLDSMAR, FL 34677 | | Mailing Address PO BOX 2157 OLDSMAR, FL 34677 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address GREENACRE PROPERTIES INC Suite, Apt. #, etc. 4131 BUNN HWY City & State TAMPA FL Zip Country 33618 HILLSBOROUGH | |
| 4. FEI Number 04-3679207 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HANSON, JACK B 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677 | | 7. Name and Address of New Registered Agent Name STEVEN MEZER Street Address (P.O. Box Number is Not Acceptable) 220 S FRANKLIN ST City TAMPA FL Zip Code 33601 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | (NOTE: Registered Agent signature required when reinstating) DATE | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY - ST - ZIP | P GARCIA, MIQUEL 14118 LINCOLNSHIRE COURT TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Lampert, Michelle 12807 Castlemaine Drive Tampa, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP YARISH, STEVE 14110 LINCOLNSHIRE COURT TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD Stefan, Jim 12924 Castlemaine Drive Tampa, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BANKOSZ, SUSAN 12628 STANWYCK CIRCLE TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD Schmuker, Tim 12332 Stanwyck Circle Tampa, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LAMPERT, MICHELLE 12807 CASTLEMAINE DRIVE TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Dessert, Jason 12604 Stanwyck Circle Tampa, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MARINO, LORI 12919 CASTLEMAINE DRIVE TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Curry, Ancel 12606 Stanwyck Circle Tampa, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NOVAK, MICHAEL 12925 CASTLEMAINE DRIVE TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| Date | | Daytime Phone # | |