

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90040 009 ****61.25

DOCUMENT # N01000005219

1. Entity Name
WEST HAMPTON HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
GREENACRE PROPERTIES, INC.
4131 GUNN HWY
TAMPA, FL 33618

Mailing Address
GREENACRE PROPERTIES, INC
4131 GUNN HWY
TAMPA, FL 33618

40060618



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
04-3679207

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRISCIA, FRANCIS E
500 N WESTSHORE BLVD STE 830
TAMPA, FL 33609

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

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WELCH, SCOTT**
CITY-ST-ZIP **12918 FRAMINGHAM CT**
TAMPA, FL 33626

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **Morgan, Matt**
CITY-ST-ZIP **12702 Stanwyck**
Tampa, FL 33626

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **SCHMUKER, TIM**
CITY-ST-ZIP **12832 STANWYCK CIR**
TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LAMPERT, MICHELLE**
CITY-ST-ZIP **12807 CASTLEMAINE DRIVE**
TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **COOPER, ROGER**
CITY-ST-ZIP **12929 CASTLEMAINE**
TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BLACKWELDER, BETH**
CITY-ST-ZIP **12604 STANWYCK CIR**
TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michelle Lampert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

Date

Daytime Phone #