

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90361 015 ****61.25

DOCUMENT # N01000006948

1. Entity Name

HAMPTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER DRIVE SUITE 300
 BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE SUITE 300
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1145295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVEN N
24301 WALDEN CENTER DRIVE SUITE 300
BONITA SPRINGS FL 34134

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BEYER, R.C. JR**
 STREET ADDRESS **2020 CLUBHOUSE DRIVE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

TITLE Delete
 NAME **VD NELSON, GARY**
 STREET ADDRESS **2020 CLUBHOUSE DRIVE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

TITLE Delete
 NAME **STD LILLY, MIKE**
 STREET ADDRESS **3063 SUTTON WOODS DRIVE**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE Change Addition
 NAME **STD KEITH, SYLVIA**
 STREET ADDRESS **2020 CLUBHOUSE DR.**
 CITY-ST-ZIP **SUN CITY CENTER, FL. 33573**

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 _____

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 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/27/02** Daytime Phone # **813 642 1464**

CR2E037 (9/01)