

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90086 006 \*\*\*\*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**

**94039245**



2. Principal Place of Business  
**409 E. College Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1058**  
 Suite, Apt. #, etc.

02072004 Chg-NP CR2E037 (10/03)

City & State  
**Ruskin, FL**

City & State  
**Ruskin, FL**

4. FEI Number  
**65-1145295**

Applied For  
 Not Applicable

Zip  
**33570**

Country

Zip  
**33575**

Country

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

6. Name and Address of Current Registered Agent  
~~HASTINGS, VIVIEN N  
 24301 WALDEN CENTER DRIVE SUITE 300  
 BONITA SPRINGS, FL 34134~~

7. Name and Address of New Registered Agent  
 Name **Lou Ellen Wilson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**409 E. College Ave.**  
 City **Ruskin** FL Zip Code **33570**

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, 2004**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BEYER, R.C. JR	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KEITH, SYLVIA	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, MARIA	
STREET ADDRESS	2917 HAMPTON PLACE CT.	
CITY-ST-ZIP	PLANT CITY, FL	
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	O/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donnie Miller	
STREET ADDRESS	2819 Hampton Place Ct	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D/NP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moises Santiago	
STREET ADDRESS	2923 Hampton Place Ct.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	O/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Grieco	
STREET ADDRESS	2915 Hampton Place Ct.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	O/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelvin Watson	
STREET ADDRESS	2928 Hampton Place Ct.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Elliott	
STREET ADDRESS	2816 Hampton Place Ct.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garrett Ayers	
STREET ADDRESS	2808 Hampton Place Ct.	
CITY-ST-ZIP	PLANT CITY, FL 33566	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04 Date

(813)645-1569 Daytime Phone #

Dennis Miller, President