


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90077 033 ****61.25

DOCUMENT # N01000006948

1. Entity Name
HAMPTON PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**409 E. COLLEGE AVE
 RUSKIN, FL 33570**

Mailing Address
**P.O. BOX 1058
 RUSKIN, FL 33575**

50027968



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1145295 Applied For Not Applicable

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	
WILSON, LOU ELLEN 409 E. COLLEGE AVE RUSKIN, FL 33570		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

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 _____ (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 **\$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	DP	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DENNIS			NAME			
STREET ADDRESS	2819 HAMPTON PLACE CT			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANTIAGO, MOISES			NAME			
STREET ADDRESS	2925 HAMPTON PLACE CT.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIECO, ANDREW			NAME			
STREET ADDRESS	2915 HAMPTON PLACE CT.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, KELVIN			NAME	<i>KELVIN WATSON</i>		
STREET ADDRESS	2928 HAMPTON PLACE CT.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<i>D/P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIORR, DAVID			NAME	<i>DAVID ELLIOTT</i>		
STREET ADDRESS	2816 HAMPTON PLACE CT.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<i>D/V</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYERS, GERALD			NAME			
STREET ADDRESS	2808 HAMPTON PLACE CT.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33566			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: *David Elliott* **3/15/05** **(813) 645-1529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID ELLIOTT President