


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000007041	
1. Entity Name HAMPTON PARK NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 2195 RIDGEWOOD STREET ORLANDO, FL 32803	Mailing Address P.O. BOX 536201 ORLANDO, FL 32853
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1180702	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, PETER
 2195 RIDGEWOOD STREET
 ORLANDO, FL 32803**

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

**Filing Fee is \$81.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCUS, PETER 2195 RIDGEWOOD STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATT, HEIDI 386 N. GLENWOOD STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, RICK 2115 RIDGEWOOD ST ORLANDO, FL 32803
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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: PETER MARCUS **1-14-08 407-897-8881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #