


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90003 024 \*\*\*\*61.25

<b>DOCUMENT # N03000010834</b>	
1. Entity Name HAMPTON CHASE TOWN HOMES ASSOCIATION, INC.	

Principal Place of Business 3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677	Mailing Address PO BOX 2157 OLDSMAR, FL 34677
--	---



2. Principal Place of Business 2002 N LOIS AVE Suite, Apt. #, etc. STE 507	3. Mailing Address 2002 N. LOIS AVE Suite, Apt. #, etc. STE 507
---	--

04282006 Chg-NP CR2E037 (4/06)

City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 20-0403513	Applied For <input type="checkbox"/> Not Applicable
Zip 33607	Country USA	Zip 33607	Country USA

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

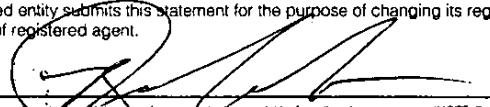
**6. Name and Address of Current Registered Agent**

HANSON, JACK B  
3974 TAMPA RD.  
SUITE B  
OLDSMAR, FL 34677

**7. Name and Address of New Registered Agent**

Name: LAMB BRIAN K.  
 Street Address (P.O. Box Number is Not Acceptable):  
 2002 N. LOIS AVE STE 507  
 City: TAMPA FL Zip Code: 33607

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, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	P PUZZITIELLO, ROSS 1700 MCMULLEN BOOTH RD. STE C1 CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, DONALD 1700 MCMULLEN BOOTH RD CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHEWS, BARBARA 3974 TAMPA RD. SUITE B OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JULIE OVERING 14122 WATERVILLE CIRCLE TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEORGE STEBBINGS 14161 WATERVILLE CIRCLE TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIM WILEY 14072 WATERVILLE CIRCLE TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date: 8/24/06 Daytime Phone #: 813-855-0318