

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 JUL 12 AM 9:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N32136 (6)
 1. Corporation Name
HAMPTON PARK OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1573 OBERLIN TERR. LAKE MARY, FL 32746
 1573 OBERLIN TERR. LAKE MARY, FL 32746
 LAKE MARY FL 32746 LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1989	3a. Date of Last Report 03/16/1994
4. FBI Number 59-3098399	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent
HOWELL, VICTOR C.
1552 OBERLIN TERR.
LAKE MARY FL 32746

10. Name and Address of New Registered Agent
81 Name Orr, Joseph
82 Street Address (P.O. Box Number is Not Acceptable) 1476 Oberlin Terr
83
84 City Lake Mary FL 85 Zip Code 32746

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joseph Orr DATE 7/8/95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HOWELL, VICTOR C
STREET ADDRESS	1552 OBERLIN TERR.
CITY-ST-ZIP	LAKE MARY FL
TITLE	D
NAME	YERGER, CHUCK
STREET ADDRESS	1536 OBERLIN TERR.
CITY-ST-ZIP	LAKE MARY FL
TITLE	SD
NAME	HALL, JOHN F
STREET ADDRESS	1408 OBERLIN TERR.
CITY-ST-ZIP	LAKE MARY FL
TITLE	V
NAME	SINGLETON, MARK
STREET ADDRESS	1438 OBERLIN TERR
CITY-ST-ZIP	LAKE MARY FL
TITLE	D
NAME	YERGER, SHERRY
STREET ADDRESS	1536 OBERLIN TERR.
CITY-ST-ZIP	LAKE MARY FL
TITLE	T
NAME	MOORE, MATT
STREET ADDRESS	1440 OBERLIN TERR.
CITY-ST-ZIP	LAKE MARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph Orr
1.3 STREET ADDRESS	1476 Oberlin Terr
1.4 CITY-ST-ZIP	Lake Mary FL
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Howell, Victor C
2.3 STREET ADDRESS	1552 Oberlin Terr
2.4 CITY-ST-ZIP	Lake Mary FL
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Baker, Sandra L
3.3 STREET ADDRESS	1431 Oberlin Terr
3.4 CITY-ST-ZIP	Lake Mary FL
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hall, John F
4.3 STREET ADDRESS	1408 Oberlin Terr
4.4 CITY-ST-ZIP	Lake Mary FL
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McLean, Michael J
5.3 STREET ADDRESS	1420 Oberlin Terr
5.4 CITY-ST-ZIP	Lake Mary FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. McLean DATE 7/8/95

CR2E037 (3/95)