


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32136 (6)
1. Corporation Name
HAMPTON PARK OWNERS ASSOCIATION, INC.



Principal Place of Business 1573 OBERLIN TERR. LAKE MARY, FL 32746 LAKE MARY FL 32746	Mailing Address 1573 OBERLIN TERR. LAKE MARY, FL 32746 LAKE MARY FL 32746
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3. Date Incorporated or Qualified 05/05/1989	
4. FEI Number 59-3098399	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ORR, JOSEPH
1476 OBERLIN TERRACE
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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: *[Signature]* DATE: **1-31-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, PHILLIS	1.2 NAME	MACKEY Phyllis
STREET ADDRESS	1484 OBERLIN TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, JOSEPH	2.2 NAME	
STREET ADDRESS	1476 OBERLIN TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRSHING, JOCELYNN	3.2 NAME	
STREET ADDRESS	1456 OBERLIN TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SANDRA L	4.2 NAME	
STREET ADDRESS	1431 OBERLIN TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, DEBORAN	5.2 NAME	JOHN, DEBORAH
STREET ADDRESS	1424 OBERLIN TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* DATE: **1-31-98** 407 628-4334

CR2E037 (10/97)