

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90004 022 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N32136**

1. Corporation Name  
**HAMPTON PARK OWNERS ASSOCIATION, INC.**

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

6 8 3 8 9 8 \*  
 603090-90012-13 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/05/1989</b>	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	4. FEI Number <b>58-3098399</b>	
22. City & State		27. City & State		Applied For Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30		

9. Name and Address of Current Registered Agent <b>ORR, JOSEPH 1476 OBERLIN TERRACE LAKE MARY FL 32746</b>				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	
<b>Charles Yerger</b>		<b>1536 Oberlin Terrace</b>				<b>FL</b>	
						85 Zip Code <b>32746</b>	

11. Pursuant to the provisions of Sections 617.0602 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: *Mag Williams* DATE: **8/2/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MACKEY, PHYLLIS		1.2 NAME	Timothy Ramsay			
STREET ADDRESS	1484 OBERLIN TERRACE		1.3 STREET ADDRESS	1485 Oberlin Terrace			
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP	Lake Mary, FL 32746			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ORR, JOSEPH		2.2 NAME	Charles Yerger			
STREET ADDRESS	1476 OBERLIN TERR		2.3 STREET ADDRESS	1536 Oberlin Terrace			
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP	Lake Mary, FL 32746			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WIRSHING, JOCELYNN		3.2 NAME	Keith Winauski			
STREET ADDRESS	1456 OBERLIN TERRACE		3.3 STREET ADDRESS	1404 Oberlin Terrace			
CITY-ST-ZIP	LAKE MARY FL		3.4 CITY-ST-ZIP	Lake Mary, FL 32746			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BAKER, SANDRA L.		4.2 NAME	Anthony Cook			
STREET ADDRESS	1431 OBERLIN TERR		4.3 STREET ADDRESS	1468 Oberlin Terrace			
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY-ST-ZIP	Lake Mary, FL 32746			
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHN, DEBORAH		5.2 NAME	Kenneth Fuller			
STREET ADDRESS	1424 OBERLIN TERRACE		5.3 STREET ADDRESS	1532 Oberlin Terrace			
CITY-ST-ZIP	LAKE MARY FL		5.4 CITY-ST-ZIP	Lake Mary, FL 32746			
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, with all other like empowered.

SIGNATURE: *Mag Williams* **REQUIRED** DATE: **7/12/99** DAYTIME PHONE: **302-5538**

CR2E037 (11/98)