


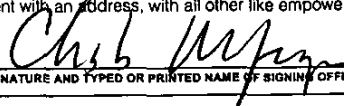
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90079 045 ****61.25

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DOCUMENT # N32136					
1. Entity Name HAMPTON PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 2755 BORDER LAKE RD STE 101 APOPKA, FL 32703-4857			Mailing Address 2755 BORDER LAKE RD STE 101 APOPKA, FL 32703-4857		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERIDYTHE, KANAGA 2755 BORDER LAKE RD STE 101 APOPKA, FL 32703-4857				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMONETTA, PETER			NAME	
STREET ADDRESS	1493 OBERLIN TERR			STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL, BOB			NAME	Case, Elizabeth
STREET ADDRESS	1452 OBERLIN TERR.			STREET ADDRESS	1512 Oberlin Terrace
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLASSER, RICK			NAME	Yerger, Chuck
STREET ADDRESS	1416 OBERLIN TERR			STREET ADDRESS	1636 Oberlin Terrace
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	DT	<input type="checkbox"/> Delete		TITLE	
NAME	ALFES, TIMOTHY			NAME	
STREET ADDRESS	1543 OLERLIN TERRACE			STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINTY, ROGER			NAME	Self, Tim
STREET ADDRESS	1537 OBERLIN TERRACE			STREET ADDRESS	1408 Oberlin Terrace
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	Lake Mary, FL 32746
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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:		 Chuck Yerger, Sec.		3/7/07 407-862-2292	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	