

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N37611** (3)
1. Corporation Name
THE HAMPTON GLEN AT DEERWOOD ASSOCIATION, INC.Principal Place of Business Mailing Address
8515 HAMPTON RIDGE BOULEVARD
JACKSONVILLE FL 32256 **8515 HAMPTON RIDGE BOULEVARD**
JACKSONVILLE FL 32256-8549

3. Date Incorporated or Qualified 04/12/1990	3a. Date of Last Report 03/14/1996
4. FEI Number 59-3020967	Applied For <input 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent

CONNELL, KAREN M
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FILLION, PAT		1.2 NAME McCain, Gail	
STREET ADDRESS 8515 HAMPTON RIDGE BLVD		1.3 STREET ADDRESS 8515 Hampton Ridge Blvd.	
CITY-ST-ZIP JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP Jacksonville, Fl. 32256	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLS, JOSEPH		2.2 NAME	
STREET ADDRESS 2515 HAMPTON RIDGE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOODY, JAMES A		3.2 NAME Dickinson, George	
STREET ADDRESS 8515 HAMPTON RIDGE BLVD.		3.3 STREET ADDRESS 8515 Hampton Ridge Blvd.	
CITY-ST-ZIP JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP Jacksonville, Fl. 32256	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCAIN, GAIL		4.2 NAME Sing-Smith, Sheri	
STREET ADDRESS 8515 HAMPTON RIDGE BLVD.		4.3 STREET ADDRESS 8515 Hampton Ridge Blvd.	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Jacksonville, Fl. 32256	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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]* **REQUIRED**

2/7/97

363-9077

CR2E037 (9/96)