

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 FEB 17 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003892 (7)

1. Corporation Name
**HAMPTON COVE AT FOX HOLLOW HOMEOWNERS ASSOCIATIO
N, INC.**

Principal Place of Business Mailing Address
**C/O ADAM SMITH ENTERPRISES, INC.
43309 US HIGHWAY 19N
TARPON SPRINGS FL 34668-1608**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/27/1993** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-3202561** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes 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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, HUGH W
C/O GUNSTER, YOAKLEY & STEWART P.A.
777 S. FLAGLER, SUITE 500
WEST PALM BEACH FL 33402-4587**

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 607.0502 and 607.1508, 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 607.0505, 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**
NAME **FRIEDLAND, LEW**
STREET ADDRESS **43309 US HIGHWAY 19N.**
CITY-ST-ZIP **TARPON SPRINGS FL 34668-1608**

TITLE **VD**
NAME **ALDRIDGE, DANIEL**
STREET ADDRESS **43309 US HIGHWAY 19N.**
CITY-ST-ZIP **TARPON SPRINGS FL 34668-1608**

TITLE **TD**
NAME **FORD, DAVID**
STREET ADDRESS **43309 US HIGHWAY 19N.**
CITY-ST-ZIP **TARPON SPRINGS FL 34668-1608**

TITLE **S**
NAME **SWEETNAM, BILL**
STREET ADDRESS **43309 US HIGHWAY 19N.**
CITY-ST-ZIP **TARPON SPRINGS FL 34668-1608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 in an attachment with an address.

SIGNATURE: *Lew Friedland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND (1-30-95) 813-942-2591.
Date of Filing