

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003892 (7)

1. Corporation Name

HAMPTON COVE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O ADAM SMITH ENTERPRISES, INC.
43309 US HIGHWAY 19N
TARPON SPRINGS FL 34668-1608

PO BOX 1608
TARPON SPRINGS FL 34668-1608

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report
02/17/1995

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 **34689**

25

29 **34688-1608**

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **LEW FRIEDLAND**

82 Street Address (P.O. Box Number is Not Acceptable)
43309 US HWY 19 N.

83

84 City **TARPON SPRINGS**

FL

85 Zip Code **34689**

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]
Signature, typed or printed name of registered agent and title if any

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD FRIEDLAND, LEW**
STREET ADDRESS **43309 US HIGHWAY 19N.**
CITY-ST-ZIP **TARPON SPRINGS FL 34668-1608**

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP **34689**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP **34689**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP **34689**

41 TITLE ☐ Change ☒ Addition
42 NAME **S SALLING, GARY**
43 STREET ADDRESS **43309 US HWY 19N**
44 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is 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 on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

1-19-96

813-942-2591

Date

Daytime Phone #

CR2E037 (12/95)