

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90018 017 ****61.25

DOCUMENT # N93000003892

1. Entity Name
**HAMPTON COVE AT FOX HOLLOW HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O ADAM SMITH ENTERPRISES, INC.
43309 US HIGHWAY 19N
TARPON SPRINGS, FL 34689 US**

Mailing Address
**PO BOX 1608
TARPON SPRINGS, FL 34689-1608 US**

94010534



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3202561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRIEDLAND, LEW
43309 US HWY 19 N.
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

2/4/04

Date

727-942-2591

Daytime Phone #