


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003892</b>	
1. Entity Name <b>HAMPTON COVE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O ADAM SMITH ENTERPRISES, INC. 43309 US HIGHWAY 19N TARPON SPRINGS, FL 34689 US</b>	Mailing Address <b>PO BOX 1608 TARPON SPRINGS, FL 34689-1608 US</b>
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02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3202561</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/05-80043-008 61.25

**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:**  **LEW FRIEDLAND** 2/10/05 777 942-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #