

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Apr 14, 2005  
Secretary of State**

DOCUMENT# N93000003892

**Entity Name:** HAMPTON COVE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O ADAM SMITH ENTERPRISES, INC.  
43309 US HIGHWAY 19N  
TARPON SPRINGS, FL 34689 US**New Principal Place of Business:**C/O MELROSE MANAGEMENT GROUP  
3974 TAMPA ROAD SUITE B  
OLDSMAR, FL 34677 US**Current Mailing Address:**PO BOX 1608  
TARPON SPRINGS, FL 346891608 US**New Mailing Address:**PO BOX 2157  
OLDSMAR, FL 346772157 US

FEI Number: 59-3202561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**FRIEDLAND, LEW  
43309 US HWY 19 N.  
TARPON SPRINGS, FL 34689 US**Name and Address of New Registered Agent:**HANSON, JACK B  
3974 TAMPA ROAD  
SUITE B  
OLDSMAR, FL 34677 US

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.

SIGNATURE: JACK B. HANSON

04/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: FRIEDLAND, LEW  
Address: 43309 US HIGHWAY 19N.  
City-St-Zip: TARPON SPRINGS, FLTitle: VD ( ) Delete  
Name: ALDRIDGE, DANIEL  
Address: 43309 US HIGHWAY 19N.  
City-St-Zip: TARPON SPRINGS, FLTitle: STD ( ) Delete  
Name: FORD, DAVID  
Address: 43309 US HIGHWAY 19N.  
City-St-Zip: TARPON SPRINGS, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: ROSSO, ROBERT  
Address: 9250 HAYNIE COURT  
City-St-Zip: TRINITY, FL 34655Title: SD (X) Change ( ) Addition  
Name: ABELL, RICHARD  
Address: 1115 TOSKI DRIVE  
City-St-Zip: TRINITY, FL 34655Title: TD (X) Change ( ) Addition  
Name: PIGOTT, RICHARD  
Address: 9139 DEMARET COURT  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ROSSO

PD

04/14/2005

Electronic Signature of Signing Officer or Director

Date