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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N97000006487

1. Corporation Name
THE PALMS AT HAMPTON LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business: 1416 CONCORD ST E, ORLANDO FL 32803, US
 Mailing Address: PO BOX 531010, ORLANDO FL 32853-0100, US

2. Principal Place of Business: 1416 Concord St. East, Suite, Apt. #, etc.
 2a. Mailing Address: PO Box 531010
 3. Date Incorporated or Qualified: 11/17/1997
 4. FEI Number: APPLIED FOR 59-3553185
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: HANSON, JACK, 1416 CONCORD ST EAST, ORLANDO FL 32803
 10. Name and Address of New Registered Agent: The Melrose Mgmt. Group, 1416 Concord St. East, Orlando, FL 32803

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: J. B. HANSON, DATE: 4/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	KNIGHT, PATRICK J.	1.1 TITLE: Patrick Knight	
STREET ADDRESS: 151 SOUTH HALL LANE, STE. 230	MATLAND FL 32751	1.2 NAME: 385 Douglas Ave., St. 2000	
CITY-ST-ZIP: MATLAND FL 32751		1.3 STREET ADDRESS: Altamonte Sprgs. 32714	
CITY-ST-ZIP: MATLAND FL 32751		1.4 CITY-ST-ZIP: Altamonte Sprgs. 32714	
TITLE: DV	SMITH, RALPH	2.1 TITLE: Ralph Smith	
STREET ADDRESS: 151 SOUTH HALL LANE, STE. 230	MATLAND FL 32751	2.2 NAME: Same as above	
CITY-ST-ZIP: MATLAND FL 32751		2.3 STREET ADDRESS: Same as above	
CITY-ST-ZIP: MATLAND FL 32751		2.4 CITY-ST-ZIP: Same as above	
TITLE: DST	MATTHAI, KAROLINE	3.1 TITLE: Karoline Matthai	
STREET ADDRESS: 151 SOUTH HALL LANE, STE. 230	MATLAND FL 32751	3.2 NAME: Same as above	
CITY-ST-ZIP: MATLAND FL 32751		3.3 STREET ADDRESS: Same as above	
CITY-ST-ZIP: MATLAND FL 32751		3.4 CITY-ST-ZIP: Same as above	
TITLE: [Blank]	[Blank]	4.1 TITLE: [Blank]	
NAME: [Blank]	[Blank]	4.2 NAME: [Blank]	
STREET ADDRESS: [Blank]	[Blank]	4.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	[Blank]	4.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[Blank]	5.1 TITLE: [Blank]	
NAME: [Blank]	[Blank]	5.2 NAME: [Blank]	
STREET ADDRESS: [Blank]	[Blank]	5.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	[Blank]	5.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[Blank]	6.1 TITLE: [Blank]	
NAME: [Blank]	[Blank]	6.2 NAME: [Blank]	
STREET ADDRESS: [Blank]	[Blank]	6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	[Blank]	6.4 CITY-ST-ZIP: [Blank]	

14. 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 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, with all other like empowered.

SIGNATURE: Karoline Matthai, DATE: 3-10-99, Daytime Phone #: 228-4181