

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000006487

1. Entity Name
 HAMPTON ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 1416 CONCORD ST E
 ORLANDO FL 32803 US

Mailing Address
 PO BOX 531010
 ORLANDO FL 32853010 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
59-3553685

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 THE MELROSE CORP
 1416 CONCORD ST EAST
 ORLANDO FL 32803 US

7. Name and Address of New Registered Agent
 Name
 THE MELROSE CORPORATION
 Street Address (P.O. Box Number is Not Acceptable)
 1416 CONCORD ST EAST
 City ORLANDO FL Zip Code 32803

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.

SIGNATURE **JACK B. HANSON** DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAPLETON KIRSTIN		NAME	STAPLETON KIRSTIN	
STREET ADDRESS	385 DOUGLAS AVE., STE. 2000		STREET ADDRESS	385 DOUGLAS AVE., STE. 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAKRANSKY JAMES		NAME	MAKRANSKY JAMES	
STREET ADDRESS	385 DOUGLAS AVE., STE. 2000		STREET ADDRESS	385 DOUGLAS AVE., STE. 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	PD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAISER DAN		NAME	KAISER DAN	
STREET ADDRESS	385 DOUGLAS AVE., STE. 2000		STREET ADDRESS	385 DOUGLAS AVE., STE. 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kirstin Stapleton D 04/30/2001

CR2E037 (11/00)