

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 25, 2008
Secretary of State**

DOCUMENT# N97000006487

Entity Name: HAMPTON LAKES OF DAVENPORT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**498 PALM SPRINGS DR., #235
ALTAMONTE SPRINGS, FL 32701 US**New Principal Place of Business:**5401 S KIRKMAN RD
310
ORLANDO, FL 32819 US**Current Mailing Address:**498 PALM SPRINGS DR., #235
ALTAMONTE SPRINGS, FL 32701 US**New Mailing Address:**5401 S KIRKMAN RD
310
ORLANDO, FL 32819 US

FEI Number: 59-3553685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**REALMANAGE LLC
4902 EISENHOWER BLVD
216
TAMPA, FL FL 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: WADE MYERS

08/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: S () Delete
Name: WEBB, PAUL
Address: 498 PALMSPRINGS DR 235
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Delete
Name: LEO, ARTHUR
Address: 80 WINTER LANE
City-St-Zip: HICKSVILLE, NY 11801 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: DT () Delete
Name: MILLER, MARTIN
Address: 498 PALM SPRINGS DR #235
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: P () Delete
Name: REES, CAROLINE
Address: 498 PALM SPRINGS DR #235
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Delete
Name: CORELL, BILL
Address: 32 HUNT LAKE CT
City-St-Zip: HAINES CITY, FL 33844 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Delete
Name: JONES, PAUL
Address: 222 JULLIARD BLVD
City-St-Zip: DAVENPORT, FL 33897 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALLEN F BAUM

MGR

08/25/2008

Electronic Signature of Signing Officer or Director

Date