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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # N98000001335

1. Corporation Name
THE HAMPTONS OF SARASOTA COMMUNITY ASSOCIATION, INC.

Principal Place of Business
 571 INTERSTATE BOULEVARD
 SARASOTA FL 34240

Mailing Address
 571 INTERSTATE BOULEVARD
 SARASOTA FL 34240

* 3 7 2 6 1 2 *
 372612-90038-37



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suits, Apt. #, etc.	28 C/O ARGUS MANAGEMENT, INC. Sub - Apt. #, etc.	03/02/1998
22 City & State	27 1200 SIESTA BAYSIDE DR.	4. FEI Number
23 Zip	28 SARASOTA, FL	59-0711505
24 Country	29 34242	Applied For
	30	Not Applicable

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSKY, MORRIS J 700 N.W. 107 AVENUE MIAMI FL 33172	01 Name: WALTER E. HAMMERLING 02 Street Address (P.O. Box Number is Not Acceptable): C/O ARGUS PROPERTY MANAGEMENT, INC. 03 1200 SIESTA BAYSIDE DRIVE 04 City: SARASOTA FL 05 Zip Code: 34242

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: WALTER E. HAMMERLING DATE: 4/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	RUBY, DENNIS C	1.2 NAME	
STREET ADDRESS	571 INTERSTATE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	GLANTZ, ROBERT	2.2 NAME	
STREET ADDRESS	571 INTERSTATE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	RUSSO, PATTY	3.2 NAME	
STREET ADDRESS	571 INTERSTATE BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: SIGNATURE BLANKED DATE: 11/8/99 TELEPHONE: 941-377-7794

CR2E037-11/198