


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90489 004 ****61.25

DOCUMENT # N98000001335

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



Principal Place of Business
**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2180 W SR 434

3. Mailing Address
Suite, Apt. #, etc.
SUITE 5000

City & State
LONGWOOD FL

City & State

4. FEI Number **65-0880478**

Applied For
 Not Applicable

Zip
32779-5044

Country
US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 - SUITE 5000
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

**JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STICH, SHERRY 241 DONNINGTON CT SARASOTA FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUELER, TYLER 4912 BRIDGEHAMPTON BLVD SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGUIRRE, ROLAND 5117 FLAGSTONE DR. SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRALL, AL 4960 BRIDGEHAMPTON SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEDERECKER, NANCY 5184 HIGHBURY CIR SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATCH, DON 5045 FLAGSTONE DR SARASOTA FL 34238	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kruk, Lori 7319 Stanhope Court Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bennett, John 5015 Flagstone Drive Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demyanek, Barbara 5027 Flagstone Drive Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Nancy Niederecker **SIGNATURE REQUIRED** 3/14/03 941-929-7737

CR2E037 (10/02)