

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000093220

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** HAMPTON BAY APARTMENTS, INC.

**Current Principal Place of Business:**

6337CONNIEWOOD SQ  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

6337CONNIEWOOD SQ  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

P.O. BOX 753  
ELFERS, FL 34680 US

**FEI Number:** 45-3677806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEIGLE, JAKE  
6337CONNIEWOOD SQ  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GEIGLE, JAKE  
Address: 6337CONNIEWOOD SQ  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D  
Name: DECARLO, TIMOTHY  
Address: 13354 GULF BLVD  
City-St-Zip: MADEIRA BEACH, FL 33708 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY DECARLO

D

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date