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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N11919

1. Corporation Name
HAMPTON LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15807 GLENARN DR. TAMPA FL 33618	15807 GLENARN DR. TAMPA FL 33618

2. Principal Place of Business
21 15813 Hampton Village Dr.
22 Suite, Apt. #, etc.
23 City & State: Tampa, FL
24 Zip: 33618 25 Country

2a. Mailing Address
26 15813 Hampton Village Dr.
27 Suite, Apt. #, etc.
28 City & State: Tampa, FL
29 Zip: 33618 30 Country

3. Date Incorporated or Qualifed: 11/06/1985

4. FEI Number: 59-3005480 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~WHEELER, DAVID~~
~~15807 GLENARN DR.~~
~~TAMPA FL 33618~~

10. Name and Address of New Registered Agent

81 Name: GREG HARRISON
82 Street Address (P.O. Box Number is Not Acceptable)
83 15813 Hampton Village Dr.
84 City: TAMPA FL 85 Zip Code: 33618

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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: GREG HARRISON — 4/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYNCH, MICHAEL 3214 HOEDT RD. TAMPA FL 33618	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHEELER, DAVID 15807 GLENARN DR. TAMPA FL 33618	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	GREG HARRISON 15813 Hampton Village TAMPA, FL 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LAQUE, JERRY 15817 HAMPTON VILLAGE DR. TAMPA FL 33618	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	JOESPH CARD 15804 Fenton Dr. TAMPA, FL 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BLANK, IVAN 15819 HAMPTON VILLAGE DR. TAMPA FL 33618	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	~~DIRECTOR~~ LINDA CAIN 15838 Glenarn Dr. TAMPA, FL 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR GINGER ALLOWAY 15802 Glenarn Dr. Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Michael P. Lynch **REQUIRED** 4-25-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #