

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002168

FILED
Apr 18, 2004
Secretary of State**Entity Name:** HAMPTON PARK FACILITIES ASSOCIATION, INC.**Current Principal Place of Business:**2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Principal Place of Business:****Current Mailing Address:**2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Mailing Address:****FEI Number:** 59-3663039**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 W. SR 434, STE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: LEIFERMAN, JIM
Address: 555 WINDERLEY PLACE SUITE 420
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: PUVOGEL, DOUG
Address: 555 WINDERLEY PLACE SUITE 420
City-St-Zip: MAITLAND, FL 32751

Title: STD () Delete
Name: DUNCAN, JUDITH
Address: 555 WINDERLEY PLACE SUITE 420
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILGENFELDT, CHARLES
Address: 600 TROTTER LN #104
City-St-Zip: MELBOURNE, FL 32940

Title: VPD (X) Change () Addition
Name: CORNELL, KEN
Address: 673 ASHBURY LN
City-St-Zip: MELBOURNE, FL 32940

Title: STD (X) Change () Addition
Name: OLBREI, NORMA
Address: 314 STEEPLECHASE LN
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES HILGENFELDT

PD

04/18/2004

Electronic Signature of Signing Officer or Director

Date