2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11919

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: HAMPTON LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15817 HAMPTON VILLAGE DR TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

15817 HAMPTON VILLAGE DR TAMPA, FL 33618

FEI Number: 59-3005480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RONALD, SANTIAGO ANGELAKOS, THEO 15820 HAMPTON VILLAGE DR 15817 HAMPTON VILLAGE DR TAMPA, FL 33618 TAMPA, FL 33618

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: THEO ANGELAKOS 01/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ANGELAKOS, THEO ANGELAKOS, THEO Name: Name: 15817 HAMPTON VILLAGE DR Address: 15817 HAMPTON VILLAGE DR Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change () Addition

KEENE, JOHN Name: KEEN, JOHN Name: Address: 15817 HAMPTON VILLAGE DR Address: 15832 GLENARN DR City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: TRES () Delete Title: **TRES** (X) Change () Addition LIZA, ANGELAKOS ANGELAKOS, LIZA Name: Name:

Address:

Address: 15817 HAMPTON VILLAGE DR 15817 HAMPTON VILLAGE DR City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: OD () Delete Title: SECT (X) Change () Addition

Name: SANTIAGO, RONALD Name: JACCARD, COLETTE 15820 HAMPTON VILLAGE DR 15824 GLENARN DR Address: Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: () Change (X) Addition

SANTIAGO, RONALD Name: Name: 15820 HAMPTON VILLAGE DR Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THEO ANGELAKOS **PRES** 01/16/2009

Electronic Signature of Signing Officer or Director

Date