

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003784

**Entity Name:** THE HISTORIC HAMPTON HOUSE COMMUNITY TRUST, INC.

**FILED**  
**Feb 11, 2017**  
**Secretary of State**  
**CC0808480479**

**Current Principal Place of Business:**

4240 NW 27TH AVENUE  
MIAMI, FL 33142

**Current Mailing Address:**

4240 NW 27TH AVENUE  
MIAMI, FL 33142 US

**FEI Number: 30-0120658**

**Certificate of Status Desired: No**

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

PINKNEY, ENID C DR.  
4990 NW 31ST AVENUE  
MIAMI, FL 33142 US

*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: ENID C. PINKNEY**

**02/11/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ROBINSON, EDWARD G DR.  
Address 1265 NW 91ST STREET  
City-State-Zip: MIAMI FL 33147

Title SECRETARY  
Name JOHNSON, JUANITA  
Address 20225 N.E. HIGHLAND LAKES BLVD.  
City-State-Zip: MIAMI FL 33179-2815

Title TREASURER/BOARD MEMBER  
Name FORD, PHILLIP  
Address 17337 N.W. 7TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33169

Title BOARD MEMBER  
Name STRACHAN, RICHARD DR.  
Address 8841 NW 14TH AVENUE  
City-State-Zip: MIAMI FL 33147

Title PRESIDENT  
Name PINKNEY, ENID C DR.  
Address 4990 NW 31ST AVENUE  
City-State-Zip: MIAMI FL 33142

Title VICE CHAIRMAN  
Name ROSETE, ISABELLA  
Address 2835 N.W. 50TH STREET  
City-State-Zip: MIAMI FL 33142

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

**SIGNATURE: DR. ENID C. PINKNEY**

**PRESIDENT**

**02/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date