

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003784

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC3817662269**

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

**Current Principal Place of Business:**

5400 NW 22ND AVE  
SUITE 704  
MIAMI, FL 33142

**Current Mailing Address:**

5400 NW 22ND AVE  
SUITE 704  
MIAMI, FL 33142

**FEI Number: 30-0120658**

**Certificate of Status Desired: No**

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

PINKNEY, ENID CPRES  
4990 NW 31 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAI  
Name JOHNSON, DOROTHY CHAIR  
Address 13724 N. W. 22ND PLACE  
City-State-Zip: OPA LOCKA FL 33054

Title VCHA  
Name STRACHAN, RICHARD VCHAIR  
Address 8841 N. W. 14TH AVENUE  
City-State-Zip: MIAMI FL 33147

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

Title TREA  
Name DEMERRITTE, EDWIN TTREASUR  
Address 5301 N. W. 18TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title BDME  
Name CAPP, LARRY BOARD M  
Address 111 N. W. 1ST STREET, SUITE 620  
City-State-Zip: MIAMI FL 33128

Title PRES  
Name PINKNEY, ENID CPRES/CE  
Address 4990 N. W. 51ST 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: ENID C. PINKNEY**

**PRESIDENT**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date