2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2018
Secretary of State
CC0087670589

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Entity Name: HAMPTON CREEK SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 13089
TALLAHASSEE, FL 32317

FEI Number: 55-0901460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 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	TREASURER
Name	WEBB, SONYA
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP
Name	COX, JEANETTE
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	SMYTH, RANDY
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	TROTTO, CHRISTINE
Address	PO BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	MILLER, GAIL
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	PARSONS, ROBERT
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

Title	MANAGER/AGENT
Name	RHINEHART, ROBERT
Address	PO BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

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: ROBERT RHINEHART REGISTERED AGENT 04/27/2018

Electronic Signature of Signing Officer/Director Detail — Date