

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001485

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	PRESIDENT
Name	LAUW, NICO
Address	644 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32301

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

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

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

Title	TREASURER
Name	SMYTH, RANDY
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 S RHINEHART**MANAGER/AGENT****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date