

2019 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:**MCKEE, KAYLA
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:** KAYLA MCKEE**04/25/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name FALK, REBEKAH
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

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

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

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

Title PRESIDENT
Name TROTTO, CHRISTINE
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: KAYLA MCKEE**REGISTERED AGENT****04/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date