FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:37

DOCUMENT # 705349 (9)

1. Corporation Name

THE HAMPTON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
650 PAULA AVENUE P. O. BOX 540521 MERRITT ISLAND FL 32954-7521	650 PAULA AVENUE P. O. BOX 540521 MERRITT ISLAND FL 32954-7521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1963
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2440342 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business		2a. Mailing Address	
21 650 Paula Avenue		26 650 Paula Avenue	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 MERRITT ISLAND, FLORIDA		City & State 28 MERRITT ISLAND, FLORIDA	
Zip 24 32953-6119	Country 25 U.S.A.	Zip 29 32953-6119	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

MUNDHENK, J F
650 PAULA AVENUE
MERRITT ISLAND FL 32953-6119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CASLETON, H.D.	1.2 NAME	
STREET ADDRESS	620 PAULA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, R E	2.2 NAME	
STREET ADDRESS	260 SABAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEE, JAN	3.2 NAME	
STREET ADDRESS	410 NEEDLE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	CSD	4.1 TITLE	☐ Change ☐ Addition
NAME	YELLAND, J	4.2 NAME	
STREET ADDRESS	101 FIRST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	MUNDHENK, J. F.	5.2 NAME	
STREET ADDRESS	650 PAULA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. F. Mundhenk — J. F. MUNDHENK, Treasurer 1/27/95 (407) 452-3923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0008468