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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 705349

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US US Ognorphia Place of Business Declares Service S	THE HA	MPTON HOMEOWNERS' A	SSOCIATION, INC.		 	XII 818H 818H 818H 818H 818H 818H 818H 81
## P. O. BOX 90821 ## WRITT ISLAND FL 328936119 ## BRITT ISLAND FL 3289361	Principal Place	of Business	Mailing Address		- F16880 1000 0040 0040 1140 1140 1140 1140 1	;
Principal Place of B. Address Section 2 According to 1 According t	P. O. BOX 540 MERRITT ISLA	0621	P. O. BOX 540521 MERRITT ISLAND FL 3295	53-6119		3a. Date of Last Report
Suite, Apr. #, etc. Suite, Apr. #, etc.	. Principal Pla	ace of Business	2a. Mailing Address			Applied For
Suite, Agit, if, etc. Suite, Agit, if, etc. 20 20 20 20 20 20 20 2					59-2440342	Not Applicable
City & State Merritt Island, FL. 20					5. Certificate of Status Desired	\$8.75 Additional
Added to F 20 Country 20 20 20 20 20 20 20 2	2		<u> </u>			ree Required
20 32953 - 6119 25 2932953 - 6119 30		_	City & State	land. FL.	, -	\$5.00 May Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Add			<u> </u>			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
WUNDHENK, J F 850 PAULA AVENUE MERRITT ISLAND FL 32953-6119 4 City 4 City FL 85 Zer Cod or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its register 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 and accept the obligations of, Section 617.0503, Florida Statutus. GNATURE Signature, fined to protect dams of implement agent and for it is a statement for the purpose of changing its registered agent and accept the obligations of, Section 617.0503, Florida Statutus. GNATURE CASLETON, H.D. GREF ADDRESS GOPALLA AVENUE 1 STREET ADDRESS GOPALLA AVENUE 1 STREET ADDRESS WERRITT ISLAND FL 1 LOT'S 7: 2P MERRITT ISLAND FL 1 LOT'S 7: 2P MERRITT ISLAND FL 1 SD 1 STREET ADDRESS WERRITT ISLAND FL 1 SD 1 STREET ADDRESS WERRITT ISLAND FL 3 STREET ADDRESS WERRITT ISLAND FL 3 STREET ADDRESS WERRITT ISLAND FL 3 STREET ADDRESS WERRITT ISLAND FL 4 STREET 4 STREET ADDRESS WERRITT ISLAND FL 3 STREET 4 STREET ADDRESS WERRITT ISLAND FL 4 STREET 4 STREET ADDRESS WERRITT ISLAND FL 5 STREET 4 STREET ADDRESS WERRITT ISLAND FL 6 STREET MERRITT ISLAND FL 5 STREET MERRITT ISLAND FL 6 STREET MERRIT IS			t Registered Agent		10. Name and Address of New Re	gistered Agent
BSD PAULA AVENUE MERRITT ISLAND FL 32953-6119 B3				81 Name		
MERRITT ISLAND FL 32953-6119 63	MUNDHENK, J F			B2 Street Adding	Address (P.O. Box Number is Not Acceptable)	
The project to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its register 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 and accept the obligations of, Section 617.0503. Florida Statutes. CRIATURE Signature specific protects are of registered agent and the / a protect agent agent agent and the / a protect agent ag						
I. Pursuant to the provisions of Sections 617,0502 and 617,1508. Foirids Statutes, the above-named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Fiorids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617,0503. Florids Statutes. GNATURE Equation 5,060 to Prited name of registered agent and the Fail Name. OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS. If PD OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS. If Name CASLETON, H.D. 620 PAULA AVENUE 1 31 STREET ADDRESS IN ST. 2P MERRITT ISLAND FL 1 4 ONF-ST-2P MERRITT ISLAND FL 1 4 ONF-ST-2P MERRITT ISLAND FL 1 5 ON DIRECTORS STREET ADDRESS MERRITT ISLAND FL 1 6 CSD OFFICERS AND DIRECTORS STREET ADDRESS MERRITT ISLAND FL 1 4 ONF-ST-2P MERRITT ISLAND FL 1 5 ON DIRECTORS MERRITT ISLAND FL 1 6 ONF ST-2P OCSD ORDER STREET ADDRESS MERRITT ISLAND FL 1 1 ONE STREET ADDRESS MERRITT IS	MERRITT	ISLAND FL 32953-6119		83		
Pursuant to the provisors of Sections 617.0502 and 617.1505. Forids Statutes, the above-named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Feriods Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agen are required agent and the first prices. Charter Property				84 City		85 Zip Code
or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent familiar with, and accept the obligations of, section 617.0503, Florida Stratutes. GNATURE Synutron hybrid or or stand manne of registered agent agent agent familiar with. An accept the obligations of, section 617.0503, Florida Stratutes. OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS 14. In the case of the component agent with or as a water. DEED CASLETON, H.D. GREET ADDRESS IT ST. ZP MERRITT ISLAND FL LE VD DELETE 2. In the case of the component agent with or as a water. MERRITT ISLAND FL LE VD DELETE 2. In the case of the component agent with or as water. DELETE 2. OFFICERS AND DIRECTORS 13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS IN the case of the component agent with or as water. DELETE CASLETON, H.D. GASLETON, H.D. CASLETON, H.D.	L. Durouant t	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above-named corpor:	ation submits this statement for the num	
Sprainting Sprainting Spraid or private named in grapheness applied and their as privates. 2. OFFICERS AND DIRECTORS 2. OFFICERS AND DIRECTORS 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THILE CASLETON, H.D. 12 MAME 620 PAULA AVENUE 13 STREET ADDRESS WERRITT ISLAND FL 14 CHY-ST-2P WERRITT ISLAND FL 15 SD 10 CHANGE 10 CHANGE 11 THILE 12 MAME 13 STREET ADDRESS 14 CHY-ST-2P WERRITT ISLAND FL 14 CHY-ST-2P WERRITT ISLAND FL 15 SD 10 CHANGE 17 STREET 18 SD 10 CHANGE 18 STREET ADDRESS WERRITT ISLAND FL 16 CSD 10 CHANGE 18 STREET ADDRESS WERRITT ISLAND FL 16 CSD 10 CHANGE 18 STREET ADDRESS WERRITT ISLAND FL 16 SD 10 CHANGE 18 STREET ADDRESS WERRITT ISLAND FL 16 SD 10 CHANGE 18 STREET ADDRESS WERRITT ISLAND FL 16 STREET 18 STREET 18 STREET 18 STREET 18 STREET 18 STREET ADDRESS WERRITT ISLAND FL 16 STREET 18 STREET 18 STREET ADDRESS WERRITT ISLAND FL 16 STREET 18 STREET ADDRESS WERRITT ISLAND FL	or register	ed about or both in the State of Florid	da. Such chance was authorized	d by the corporation's boar	d of directors. I hereby accept the appoi	ntment as registered agent. I am
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PD						
RECTADDRESS RECTADDRESS PAULA AVENUE MERRITT ISLAND FL 1				1 1 TITLE		Change Addition
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THE BOOK DELETE OF THE CHANGE	REET ADDRESS	620 PAULA AVENUE		1 3 STREET ADDRESS		
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MERRITT ISLAND FL LEE, JAN MERRITT ISLAND FL LEE, JAN A10 NEEDLE BLVD MERRITT ISLAND FL LEE, JAN A10 NEEDLE BLVD MERRITT ISLAND FL LEE CSD Change						
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ME 62 NAME 63 STREET ADDRESS 17 - ST - ZIP 6. 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		MEDICALI IOLAND FL	[]DELETE			Change Addition
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17-ST-ZIP 64 CITY-ST-ZIP 6.1 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						
4. I do hereby certify that the information supplied with this filing is woluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K). Florida Statute, I	ITY - ST - 73P			6 4 CITY - ST - ZIP		
early, that Lam so officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 617. Florida Stabutes, and that my	4. I do heret					

MUND HENK DIRECTOR
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 452-3923

Daytime Phone #