

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **705349** (9)

1. Corporation Name

THE HAMPTON HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

650 PAULA AVE
P. O. BOX 540521
MERRITT ISLAND FL 32953-6119
US

650 PAULA AVE
P. O. BOX 540521
MERRITT ISLAND FL 32953-6119
US

3. Date Incorporated or Qualified

03/19/1963

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **650 Paula Avenue**

26 **650 Paula Avenue**

4. FEI Number

59-2440342

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Merritt Island, FL.**

28 **Merritt Island, FL.**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **32953-6119**

25

29 **32953-6119**

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PD** ☐ DELETE

NAME **CASLETON, H.D.**
STREET ADDRESS **620 PAULA AVENUE**
CITY - ST - ZIP **MERRITT ISLAND FL**

TITLE **VD** ☐ DELETE

NAME **HOFFMAN, R E**
STREET ADDRESS **260 SABAL AVENUE**
CITY - ST - ZIP **MERRITT ISLAND FL**

TITLE **SD** ☐ DELETE

NAME **LEE, JAN**
STREET ADDRESS **410 NEEDLE BLVD**
CITY - ST - ZIP **MERRITT ISLAND FL**

TITLE **CSD** ☐ DELETE

NAME **YELLAND, J**
STREET ADDRESS **101 FIRST STREET**
CITY - ST - ZIP **MERRITT ISLAND FL**

TITLE **TD** ☐ DELETE

NAME **MUNDHENK, J. F.**
STREET ADDRESS **650 PAULA AVENUE**
CITY - ST - ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

(407) 452-3923
Daytime Phone #

CR2E037 (12/95)