


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90034 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 705349</b>					
1. Corporation Name <b>THE HAMPTON HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>650 PAULA AVENUE MERRITT ISLAND FL 32953-6119 US</b>			Mailing Address <b>650 PAULA AVENUE MERRITT ISLAND FL 32953-6119 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/19/1963</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2440342</b>	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>MUNDHENK, J F 650 PAULA AVENUE MERRITT ISLAND FL 32953-6119</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
			85 Zip Code <b>FL</b>		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASLETON, H.D.		1.2 NAME	HOFFMAN, ROBERT E.	
STREET ADDRESS	620 PAULA AVENUE		1.3 STREET ADDRESS	260 Sabal Avenue	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Merritt Island, FL., 32953	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, R E		2.2 NAME	BUCKLEY, JACK	
STREET ADDRESS	260 SABAL AVENUE		2.3 STREET ADDRESS	390 Belair Avenue	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	Merritt Island, FL., 32953	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDHENK, J.F.		3.2 NAME		
STREET ADDRESS	650 PAULA AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, R		4.2 NAME		
STREET ADDRESS	919 WESTWOOD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, R		5.2 NAME		
STREET ADDRESS	685 NEEDLE BOULEVARD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		5.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, P		6.2 NAME		
STREET ADDRESS	355 PATRICK AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/99** (407) 452-3923  
Date Daytime Phone #

CR2E037 (1/98)