

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705349

1. Entity Name

THE HAMPTON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

650 PAULA AVENUE
MERRITT ISLAND FL 32953-6119
US

Mailing Address

650 PAULA AVENUE
MERRITT ISLAND FL 32953-6119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2440342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUCKLEY, JACK	
STREET ADDRESS	390 BELAIR AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFFMAN, R E	
STREET ADDRESS	260 SABAL AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MUNDHENK, J.F.	
STREET ADDRESS	650 PAULA AVE.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRINKLE, R	
STREET ADDRESS	919 WESTWOOD DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, R	
STREET ADDRESS	685 NEEDLE BOULEVARD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOYNER, P	
STREET ADDRESS	355 PATRICK AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, HARVEY	
STREET ADDRESS	925 Westwood Drive	
CITY-ST-ZIP	MERRITT ISLAND, FL., 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. F. MUNDHENK REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

(321) 452-3923

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90116 006 ****61.25