2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 705349

1. Entity Name
THE HAMPTON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
650 PAULA AVENUE MERRITT ISLAND, FL 32953-6119 US	650 PAULA AVENUE MERRITT ISLAND, FL 32953-6119 US

01102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000010700
01/23/04-80007-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKER, HARVEY
STREET ADDRESS	925 WESTWOOD DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	TD
NAME	MUNDHENK, J.F.
STREET ADDRESS	650 PAULA AVE.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VD
NAME	HUNTER, RANDY
STREET ADDRESS	1145 AUDUBON DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 J F Mundhenk Jan. 21, 2004 (321)452-3923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #