


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90180 006 \*\*\*\*61.25

<b>DOCUMENT # 722888</b>	
1. Entity Name <b>HAMPTON GARDENS CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>810 SE 7TH ST DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>810 SE 7TH ST DEERFIELD BEACH, FL 33441</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

400000111



03262007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1446733</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>VINCENT, HELEN Helen</b> <b>808 SE 1ST STREET B-305 DEERFIELD BEACH, FL 33441</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Helen Vincent - Pres</i> <b>HELEN VINCENT</b>	DATE <b>4/11/07</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINCENT, HELEN 808 SE 7TH ST E-205 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>808 SE 7th St B 305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTY, JUDITH 802 SE 7TH ST E208 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S CHARL KOCH</b> <b>808 SE 7th St B 205</b> <b>Deerfield Beach, FL 33441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAFFNER, ROBERT 810 SE 7TH ST A-408 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES UPRIGHT, DOBIE 802 SE 7TH ST E101 DEERFIELD BCH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TRES</b> <b>BARBARA J. NUGENT</b> <b>810 SE 7th St. A 206</b> <b>Deerfield Beach, FL 33441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, GLORIA 802 SE 7TH ST E- 403 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert Countemanche</b> <b>510 SE 7th St. A- 205</b> <b>Deerfield Beach, FL 33441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, DENNIS 802 SE 7TH ST E205 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marvin Upright</b> <b>802 SE 7th St E101</b> <b>Deerfield Beach, FL 33441</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Helen Vincent - Pres</i> <b>HELEN VINCENT</b>	DATE <b>4/11/07</b> DAYTIME PHONE # <b>954-725-0829</b>