

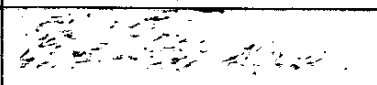


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90184 020 ****61.25

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| DOCUMENT # 726631 1. Entity Name HAMPTON COURT CONDOMINIUM, INC. | | | |  | |
| Principal Place of Business 1980 N. ATLANTIC AVE. #701 COCOA BEACH, FL 32931 | | | Mailing Address 1980 N. ATLANTIC AVE., #701 COCOA BEACH, FL 32931 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | <div style="font-size: 24px; font-weight: bold;">14004281</div>  | |
| City & State | | City & State | | 4. FEI Number 59-1559806 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, PETEY 1980 N. ATLANTIC AVE., #701 COCOA BEACH, FL 32931 | | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DREW, GERARD PO BOX 321425 COCOA BEACH, FL 329321425 | <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 | STD BURNHAM, ANGELES 55 HATFIELD AVE MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Burnham, Angeles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SWAYNGIM, CATHY 55 NEEDLE BLVD #60 MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Swaygh-m. Cathy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOLENAAR, KATHY 55 NEEDLE BLVD., #83 MERRITT ISLAND, FL 32953 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Agramonte, Jean <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 230 E. Laurenet Merritt Island FL 32952 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WATKINS, GENNIE 55 NEEDLE BLVD. #46 MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Watkins, Jenny <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 55 Needle Blvd #46 Merritt Island FL 32953 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D McPherson, Ann Marie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3455 Lost Canyon Pl Cocoa FL 32926 | |
| 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: Gerard P. Drew GERARD P. DREW 4/25/2005 321-784-4100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |