

FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758731** (4)
1. Corporation Name
THE HAMPTONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1820 KINGS LAKE BLVD NAPLES FL 34112	Mailing Address C/O GULF COAST PROPERTY MANAGEMENT 9240 BONITA BEACH RD., #2217 NAPLES FL 34135
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3. Date Incorporated or Qualified 06/11/1981
4. FEI Number 59-2190396
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 <i>C/O Sunrise Properties & Management Company</i> Suite, Apt. #, etc.
22 City & State	27 <i>9955 N. Tamiami Trail #2</i> City & State
23 Zip	28 <i>Naples FL</i> Zip
24 Country	29 <i>USA</i> Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAPP, PAUL L 9240 BONITA BEACH RD., SUITE #2217 BONITA SPRINGS FL 34135	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<i>9955 North Tamiami Trail Suite #2</i>
83 City	<i>Naples</i>
84 State	FL
85 Zip Code	<i>34108</i>

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 *Paul L. Sapp* DATE *2-2-97*

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BURGHARD, FRED
STREET ADDRESS	1806 KINGS LAKE BLVD., #201
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ASHMAN, KENNETH
STREET ADDRESS	1816 KINGS LAKE BLVD., #201
CITY-ST-ZIP	NAPLES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FARLEY, DOUGLAS
STREET ADDRESS	1806 KINGS LAKE BLVD., #101
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GUERRERA, RICHARD
STREET ADDRESS	1814 KINGS LAKE BLVD., #202
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GREEN, THEODORE
STREET ADDRESS	1814 KINGS LAKE BLVD., #104
CITY-ST-ZIP	NAPLES FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WINKLER, ROBERT
STREET ADDRESS	1828 KINGS LAKE BLVD., #203
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Huntington George</i>
1.3 STREET ADDRESS	<i>9955 N. Tamiami Trail #2</i>
1.4 CITY-ST-ZIP	<i>Naples FL 34108</i>
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Houhan John</i>
2.3 STREET ADDRESS	<i>9955 N. Tamiami Trail</i>
2.4 CITY-ST-ZIP	<i>Naples FL 34108</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>9955 N. Tamiami Trail #2</i>
3.3 STREET ADDRESS	<i>Naples FL 34108</i>
3.4 CITY-ST-ZIP	<i>Naples FL 34108</i>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>9955 N. Tamiami Trail #2</i>
4.3 STREET ADDRESS	<i>Naples FL 34108</i>
4.4 CITY-ST-ZIP	<i>Naples FL 34108</i>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>9955 N. Tamiami Trail #2</i>
5.3 STREET ADDRESS	<i>Naples FL 34108</i>
5.4 CITY-ST-ZIP	<i>Naples FL 34108</i>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>9955 N. Tamiami Trail #2</i>
6.3 STREET ADDRESS	<i>Naples FL 34108</i>
6.4 CITY-ST-ZIP	<i>Naples FL 34108</i>

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.

SIGNATURE: *Douglas Farley (Pres.)* DATE: *2-4-98* *941-514-7770*

CR2E037 (10/97)