## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:: 1

## Apr 18, 2002 8:00 am Secretary of State **DOCUMENT # 758731** 1. Entity Name THE HAMPTONS CONDOMINIUM ASSOCIATION, INC. 04-18-2002 90338 037 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O INTEGRATED PROPERTY MANAGEMENT C/O INTEGRATED PROPERTY MANAGEMENT 3436 10TH STREET N STE 201 3436 10TH STREET N STE 201 NAPLES FL 34103 NAPLES FL 34103 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE tang your may come any an Applied For City & State · 12 5 5 2 7 1 City & State 4. FEI Number 59-2190396 Not Applicable Country \$8.75 Additional ORGANIZATION ASSIDONZINOS INC. Zip · · · · · · · · · · 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRELL, ROBERT TO WASCUMENT OVO INFO WITH LONG Street Address (P.O. Box Number is Not Acceptable) 3495 TOTAL STREET TO TO NUMBERS OF THE TOTAL SAMOUNCE MURRELL & FRANCOEUR 800 LAUREL OAK DR # 300 èS 心臟經濟類的**fl** NAPLES FL 34108 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. · 2017。1277 1867 持。 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 59-2790336 DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PD **Addition** TITLE JITÉ. ✓ Delete P/D NAME VAUGHTER, RUTH VOORUM NAME Oar, William 1810 KINGS LAKE BLVD STREET ADDRESS STŘEÉT ADDŘESŠ 1814 King's Lake Blvd. CITY-ST-ZIP CITY+ST-ZIP\*: 3 NAPLES FL Napies, FL Change SD ☐ Addition TITLE ☐ Delete TITLE V/S/D WHITMER, ELEANOR NAME NAME Whitmer, Eleanor 1808 KINGS LAKE BLVD STREET ADDRESS STREET ADDRESS 1808 King's Lake Blvd. CITY-ST-ZIP CITY-ST-ZIP\_ NAPLES FL Naples, FL ----X Addition 🔀 Delete ☐ Change TITLE TITLE T/D NUNEZ, OSCAR Hourhian, John NAME NAME 1808 KINGS LAKE BLVD STREET ADDRESS STREET ADDRESS 1828 King's Lake Blvd. CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Naples, FL TITLE Delete TITLE Change Addition KAY, RAYMOND NAME NAME Yeagle, M. Carolyn 1812 KINGS LAKE BLVD STREET ADDRESS STREET ADDRESS 1798 King's Lake Blvd. CITY-ST-ZIP NAPLES FL BUTTER CITY-ST-ZIP Naples, FL 1: 1/3.5 图 MD ☐ Addition TITLE ☐ Change ☐ Delete TITLE CANTEBERRY, SUZANNE NAME NAME 1818 KINGS LAKE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FLID MANDE VPD TO TAKE BEVO **X** Change ■ Addition ☐ Delete TITLE TITLE WINKLER, ROBERT NAME NAME Winkler, Robert STREET ADDRESS 1828 King's Lake Blvd. STREET ADDRESS 9955 N TAMIAMI TRAIL #2 NAPLES FL:34108 Naples, FL CITY-ST-ZIP CITY-ST-ZIP 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

FILED

(9/01)

**CR2E037** 

Daytime Phone #