

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90263 042 \*\*\*\*61.25

<b>DOCUMENT # 758731</b> 1. Entity Name <b>THE HAMPTONS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O INTEGRATED PROPERTY MANAGEMENT 3436 10TH STREET N STE 201 NAPLES, FL 34103</b>		Mailing Address <b>C/O INTEGRATED PROPERTY MANAGEMENT 3436 10TH STREET N STE 201 NAPLES, FL 34103 US</b>	
2. Principal Place of Business <i>Southwest Property Mgmt Corp</i> Suite, Apt. #, etc. <b>1044 Castello Drive #206</b> City & State <b>Naples, FL</b> Zip <b>34109</b>		3. Mailing Address <i>Southwest Property Mgmt Corp</i> Suite, Apt. #, etc. <b>1044 Castello Drive #206</b> City & State <b>Naples, FL</b> Zip <b>34109</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2190396</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>MURRELL, ROBERT SAMOUNCE.MURRELL &amp; FRANCOEUR 800 LAUREL OAK DR # 300 NAPLES, FL 34108</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAR, WILLIAM 1814 KINGS LAKE BLVD NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Oar, William 1814 Kings Lake Blvd #103 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITMER, ELEANOR 1808 KINGS LAKE BLVD NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB Eliopoulos, Andy 1826 Kings Lake Blvd #101 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORHIAN, JOHN 1828 KINGS LAKE BLVD NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pope, Arthur 1806 Kings Lake Blvd #202 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGLE, M CAROLYN 1798 KINGS LAKE BLVD NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Yeagle, Carolyn 1798 Kings Lake Blvd #204 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, DON 1826 KING LAKE BLVD NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Richard 1798 Kings Lake Blvd #101 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLER, ROBERT 1828 KING'S LAKE BLVD NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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.			
<b>SIGNATURE: <i>M. Carolyn Yeagle</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/4/05</b> Daytime Phone # <b>(239) 261-3440</b>	