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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # EOF

605 MAIN STREET, SUITE 1100 1805 MAIN STREET, SUITE 110
SARASOTA FL 34236 SARASOTA FL 34236-5848

## **FILED** Apr 02 1997 8:00am Secretary of State

1. Corporation Name HAMPTON LANDINGS DEVELOPMENT, INC.  Principal Place of Business Mailing Address 1605 MAIN STREET, SUITE 1100 SARASOTA FL 34236 SARASOTA FL 34236-5848								
					3. Date incorporated or Qualified 03/17/1981	3a. Date of 03/28/1		eport
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number	) ooleati	····	plied For
21					59-2265763		Not Applica	
Suite, Ap	ot #, otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>8.75</b> A Fee Re	Additional
22 City & St	ate	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added t	
Zipi	Country	Zip	Country	,	8. This corporation has liability fo			199.032,
24	25 9. Name and Address of Curren	29	30	<del></del>	Florida Statutes  10. Name and Address of New R	Yes N		
DC		it nagistered Agent	81	Name	10. Hank and Address of New H	angistered when	<u> </u>	
PENDER, MICHAEL R., JR. 1605 MAIN STREET, SUITE 1100 SARASOTA FL 34236			-		ress (P.O. Box Number is Not Acceptable)			
			82	Street Add				
			83					
			64	Čity		85	Zip (	Code
agent I	r registings agent, or upto, in the state I am familiar with, and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	s authorized by Florida Statute	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointr	nent as	registered
SIGNATURE	Signature Typed or printed name of registered age OFFICERS AN	int and title if applicable (N D DIRECTORS	OTE: Registered Agr		poration submits this statement for the tion's board of directors. I hereby acc lired when relistating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIR	ECTOR	S IN 12
SIGNATURE 12. DILE	Signature Typed or printed name of registered age OFFICERS ANI	int and trie if applicable (N	OTE: Registered Age		ired when reinstating)	DATE ICERS AND DIR		
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I do nerchy certify that the Information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, that 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 polytopion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR