

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000632

FILED
Mar 13, 2009
Secretary of State

Entity Name: HAMPTON PARK LAKESIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3627604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: OLBREI, RICHARD
Address: 314 STEEPLECHASE LN
City-St-Zip: MELBOURNE, FL 32940

Title: PD () Delete
Name: TOMPKINS, CHARLES
Address: 1383 HAMPTON PARK LN
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: FREDERICK, JENNIFER
Address: 1420 HAMPTON PARK LN
City-St-Zip: MELBOURNE, FL 32940

Title: VPD () Delete
Name: CORNELL, MARY
Address: 1424 HAMPTON PARK LN
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: THOMASTON, SUEANN
Address: 1405 HAMPTON PARK LN
City-St-Zip: MELBOURNE, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FEBO, DANIELLE
Address: 1300 HAMPTON PARK LN
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES TOMPKINS

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date