## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000759

Entity Name: SOUTH HAMPTON ASSOCIATION, INC.

FILED Feb 18, 2008 Secretary of State

1 SAN JOSE PLACE 1 SAN JOSE PLACE

#34 #27

JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

PO BOX 57911

JACKSONVILLE, FL 32241

FEI Number: 59-3622401 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARR, LAUREN
1 SAN JOSE PLACE
2 CARR, LAUREN
1 SAN JOSE PLACE
3 SAN JOSE PLACE

SUITE 34 SUITE 27

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

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: LAUREN CARR 02/18/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 O'CONNOR, JEANNETTE
 Name:

 Address:
 1840 SOUTH LANDGUARD RD
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HALL, ALLEN
 Name:

 Address:
 1098 GARRISON DRIVE
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:

Name:KURLAND, RANDYName:KURLAND, RANDYAddress:1953 LYNDHURST DRIVEAddress:1953 LYNDHURST DRIVECity-St-Zip:SAINT AUGUSTINE, FL 32092City-St-Zip:SAINT AUGUSTINE, FL 32092

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition

Name:MARTIN, LAURAName:SEELEY, JOHNAddress:1816 LYNDHURST DRAddress:1217 GARRISON DRIVECity-St-Zip:SAINT AUGUSTINE, FL 32092City-St-Zip:SAINT AUGUSTINE, FL 32092

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SARA, MERRILL
 Name:
 DON, HENRICHSON

 Address:
 640 PELHAM ROAD
 Address:
 645 PELHAM ROAD

 City-St-Zip:
 ST. AUGUSTINE, FL 32092
 City-St-Zip:
 ST. AUGUSTINE, FL 32092

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: LAUREN CARR MGR 02/18/2008