

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002168

FILED
Mar 13, 2009
Secretary of State

Entity Name: HAMPTON PARK FACILITIES 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: 59-3663039

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 W. SR 434, STE 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: OTT, PRISCILLA
Address: 401 TROTTER LN #101
City-St-Zip: MELBOURNE, FL 32940

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

Title: PD () Delete
Name: OLBREI, NORMA
Address: 314 STEEPLECHASE LN
City-St-Zip: MELBOURNE, FL 32940

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:

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: NORMA OLBREI

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date