

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90037 020 ****61.25

DOCUMENT # N00000006610 1. Entity Name HAMPTON HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2311 NE 36 STREET LIGHTHOUSE POINT, FL			Mailing Address 2311 NE 36 STREET LIGHTHOUSE POINT, FL		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02242008 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGAN, MERIE 2311 NE 36TH STREET APT 2G LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANGAN, MERIE 2311 NE 36TH STREET, #2G LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NOTO, JOSEPH 2311 NE 36TH STREET, #1E LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCFADDEN, ROBERT 28 DARTMOUTH STREET BRISTOL, RI 02809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, WILLIAM 2311 NE 36TH STREET, 2B LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS VERVORT, FRANK 2311 NE 36TH ST # 1B LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS VERVORT, FRANK 2311 NE 36TH ST # 1B LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 5/18/08 Daytime Phone #: 954 255 8873					