

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000292

FILED  
Mar 07, 2006  
Secretary of State

**Entity Name:** HAMPTON OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9300 N. 16TH STREET  
TAMPA, FL 33612

**New Principal Place of Business:**

9300 N. 16TH STREET  
101  
TAMPA, FL 33612

**Current Mailing Address:**

9300 N. 16TH STREET  
TAMPA, FL 33612

**New Mailing Address:**

9300 N. 16TH STREET  
101  
TAMPA, FL 33612

**FEI Number:** 59-3707879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINFIELD, JANET S  
9300 N. 16TH STREET  
TAMPA, FL 33612 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: P ( ) Delete  
Name: DALLAS, BEN  
Address: 8541 QUEEN BROOKS CT  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: V ( ) Delete  
Name: MOWELL, BRENDA  
Address: 8510 QUEEN BROOKS CT  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: ST ( ) Delete  
Name: JOHNSON, ERIKA  
Address: 8511 QUEEN BROOKS CT  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: D ( ) Delete  
Name: MALOY, MARY  
Address: 8529 QUEEN BROOKS CT  
City-St-Zip: TEMPLE TERRACE, FL 33637

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET WINFIELD

AGEN

03/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date