

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003411

FILED
Apr 28, 2009
Secretary of State

Entity Name: HAMPTON PARK ASSOCIATION, INC.

Current Principal Place of Business:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3719057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250 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: ABNER, BRETT
Address: 8051 MOUNT RANIER DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: FULLFORD, BRIAN
Address: 11687 KINGS MOUNTAIN WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: LUYSTER, DEBORAH
Address: 7920 MONTEREY BAY DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Delete
Name: LAURIE, DANA
Address: 8008 HAMPTON PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

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 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: BRETT ABNER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date