


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90017 046 \*\*\*\*61.25

|  |  |   |  |   |          |
|--|--|---|--|---|----------|
| <b>DOCUMENT # N01000003427</b>   |  |   |  |  |          |
| 1. Entity Name<br>HAMPTON WOODS OWNERS' ASSOCIATION, INC.  |  |   |  |   |          |
| Principal Place of Business<br>5728 HAMPTON WOODS BLVD.<br>SEBRING, FL 33872   |  |   | Mailing Address<br>5728 HAMPTON WOODS BLVD.<br>SEBRING, FL 33872               |   |          |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address   |   |          |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.  |   |          |
| City & State   |  |   | City & State   |   |          |
| Zip  |  | Country   | Zip  |   | Country  |
| 6. Name and Address of Current Registered Agent  |  |   |  | 7. Name and Address of New Registered Agent                                       |          |
| MCCLURE, JOHN K<br>230 SOUTH COMMERCE AVENUE<br>SEBRING, FL 33870  |  |   |  | Name  |          |
|  |  |   |  | Street Address (P.O. Box Number is Not Acceptable)                                |          |
|  |  |   |  | City  |          |
|  |  |   |  | FL  | Zip Code |
| 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.  |  |   |  |   |          |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |   |  |   |          |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees  |          |
| Make check payable to<br>Florida Department of State   |  |   |  |   |          |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |   |          |
| TITLE  | DP <input type="checkbox"/> Delete           | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |          |
| NAME   | NAYLOR, BRIAN E                              | NAME  | Jim Kealey   |   |          |
| STREET ADDRESS   | 5729 HAMPTON WOODS BLVD                      | STREET ADDRESS  | 5712 Hampton Woods Blvd  |   |          |
| CITY-ST-ZIP  | SEBRING, FL 33872                            | CITY-ST-ZIP   | Sebring, FL 33872  |   |          |
| TITLE  | DST <input type="checkbox"/> Delete          | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |          |
| NAME   | NAYLOR, CATHERINE C                          | NAME  | Marie Pickel   |   |          |
| STREET ADDRESS   | 5729 HAMPTON WOODS BLVD                      | STREET ADDRESS  | 5735 Hampton Woods Blvd  |   |          |
| CITY-ST-ZIP  | SEBRING, FL 33872                            | CITY-ST-ZIP   | Sebring, FL 33872  |   |          |
| TITLE  | D <input checked="" type="checkbox"/> Delete | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |          |
| NAME   | DAVIS, HAROLD                                | NAME  | Robert Baumbach  |   |          |
| STREET ADDRESS   | 5921 HAMPTON WOODS BLVD.                     | STREET ADDRESS  | 5719 Hampton Woods Blvd  |   |          |
| CITY-ST-ZIP  | SEBRING, FL 33872                            | CITY-ST-ZIP   | Sebring, FL 33872  |   |          |
| TITLE  | D <input checked="" type="checkbox"/> Delete | TITLE   |  |   |          |
| NAME   | FISCHER, MARVIN                              | NAME  |  |   |          |
| STREET ADDRESS   | 5717 HAMPTON WOODS BLVD.                     | STREET ADDRESS  |  |   |          |
| CITY-ST-ZIP  | SEBRING, FL 33872                            | CITY-ST-ZIP   |  |   |          |
| TITLE  | D <input type="checkbox"/> Delete            | TITLE   |  |   |          |
| NAME   | FEUERPFEL, FRED                              | NAME  |  |   |          |
| STREET ADDRESS   | 3726 HAMPTON WOODS BLVD                      | STREET ADDRESS  | 5726 Hampton Woods Blvd  |   |          |
| CITY-ST-ZIP  | SEBRING, FL 33872                            | CITY-ST-ZIP   | Sebring, FL 33872  |   |          |
| TITLE  | D <input type="checkbox"/> Delete            | TITLE   |  |   |          |
| NAME   | DAVIS, PHILIP                                | NAME  |  |   |          |
| STREET ADDRESS   | 5705 HAMPTON WOODS BLVD.                     | STREET ADDRESS  |  |   |          |
| CITY-ST-ZIP  | SEBRING, FL 33872                            | CITY-ST-ZIP   |  |   |          |
| 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: <i>Brian E. Naylor</i>  |  | BRIAN E. NAYLOR   |  | 5 FEBRUARY 2008   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date  |  | Daytime Phone # 863-471-2008  |          |