


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N01000003427					
1. Entity Name HAMPTON WOODS OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5728 HAMPTON WOODS BLVD. SEBRING, FL 33872			Mailing Address 5728 HAMPTON WOODS BLVD. 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 230 SOUTH COMMERCE AVENUE 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)					
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			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	