

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90334 014 ****61.25

DOCUMENT # NO1000004070

1. Entity Name

**HAMPTON ESTATES VILLAGE 6 NEIGHBORHOOD ASSOCIATI
ON, INC.**

Principal Place of Business

**385 DOUGLAS AVENUE SUITE 2000
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**385 DOUGLAS AVENUE SUITE 2000
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**1416 CONCORD STREET EAST
ORLANDO, FL 32803
US**

3. Mailing Address

**P.O. BOX 531010
ORLANDO, FL 32853-1010
US**



DO NOT WRITE IN THIS SPACE

FEI Number

☒ Applied For
☐ Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CENTEX HOMES
385 DOUGLAS AVENUE SUITE 2000
ALTAMONTE SPRINGS FL 32714**

Name

Street

City

**THE MELROSE CORPORATION
1416 CONCORD STREET EAST
Orlando, FL 32803**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAISER, DAN <input type="checkbox"/> Delete 385 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKRANSKY, JAMES <input type="checkbox"/> Delete 385 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLETON, KIRSTIN <input type="checkbox"/> Delete 385 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)