

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90817 021 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N01000006948</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>HAMPTON PLACE HOMEOWNERS ASSOCIATION, INC.   |   |  |  |  |  |
| <b>Principal Place of Business</b><br>409 E. COLLEGE AVE<br>RUSKIN, FL 33570  |   |  | <b>Mailing Address</b><br>P.O. BOX 1058<br>RUSKIN, FL 33575  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>65-1145295   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| WILSON, LOU ELLEN<br>409 E. COLLEGE AVE<br>RUSKIN, FL 33570   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| <b>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.</b>  |   |  |  |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | D <input checked="" type="checkbox"/> Delete<br>MILLER, DENNIS<br>2819 HAMPTON PLACE CT<br>PLANT CITY, FL 33566 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DVP <input type="checkbox"/> Delete<br>SANTIAGO, MOISES<br>2925 HAMPTON PLACE CT.<br>PLANT CITY, FL 33566       |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DS <input type="checkbox"/> Delete<br>GRIECO, ANDREW<br>2915 HAMPTON PLACE CT.<br>PLANT CITY, FL 33566          |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DT <input type="checkbox"/> Delete<br>WATSON, KELVIN<br>2928 HAMPTON PLACE CT.<br>PLANT CITY, FL 33566          |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DP <input type="checkbox"/> Delete<br>ELLIOTT, DAVID<br>2816 HAMPTON PLACE CT.<br>PLANT CITY, FL 33566          |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | OVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DVP <input type="checkbox"/> Delete<br>AYERS, GERALD<br>2808 HAMPTON PLACE CT.<br>PLANT CITY, FL 33566          |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |   |  |  |  |  |
| <b>SIGNATURE</b>  |   |  | Moises Santiago  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date <span style="float: right;">4-12-07</span> Daytime Phone # <span style="float: right;">813-477-2540</span>          |  |  |