

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-17-2004 90033 011 ****61.25

DOCUMENT # N03000001679 1. Entity Name THE HAMPTONS HOA, INC.					
Principal Place of Business 3005 HOEDT ROAD TAMPA, FL 33618			Mailing Address 3005 HOEDT ROAD TAMPA, FL 33618		
2. Principal Place of Business		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	
RUTEMILLER, BOB 3005 HOEDT ROAD TAMPA, FL 33618 Change →				Name <u>Harold Hollenback</u> Street Address (P.O. Box Number is Not Acceptable) <u>15906 Hampton Village Dr.</u> City <u>Tampa</u> FL Zip Code <u>33618</u>	
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☒ Delete	TITLE	President	☐ Change ☒ Addition
NAME	RUTEMILLER, BOB		NAME	Mike Stoup	
STREET ADDRESS	3005 HOEDT ROAD		STREET ADDRESS	16012 Glen Haven Dr.	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	VTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOLLENBACK, HAROLD		NAME		
STREET ADDRESS	15906 HAMPTON VILLAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	Secretary	☐ Change ☒ Addition
NAME	JACCARD, COLETTE		NAME	Ruth Harrisberger	
STREET ADDRESS	15824 GLEARN DRIVE		STREET ADDRESS	15511 Walden Ave.	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33618	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
TRES. SIGNATURE: <u>Harold Hollenback</u> <u>Harold Hollenback</u>			Date <u>Feb. 24, 2004</u> Daytime Phone # <u>813-960-2970</u>		