


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004531 1. Entity Name HAMPTON WOODS TOWNHOMES ASSOCIATION, INC.	
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Principal Place of Business 3611 SWANN AVE TAMPA, FL 33609	Mailing Address 3611 SWANN AVE TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0851035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCLAIN, WAYNE A
3611 SWANN AVE
TAMPA, FL 33609

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLAIN, WAYNE 3611 SWANN AVE SUITE 100 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, RANDY 3611 SWANN AVE SUITE 100 TAMPA, FL 33609
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05/04/05-80011-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **2/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #