

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004531

FILED  
Sep 06, 2007  
Secretary of State

**Entity Name:** HAMPTON WOODS TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

2002 N. LOIS AVE  
STE 507  
TAMPA, FL 33607

**New Principal Place of Business:**

3201 HORATIO  
TAMPA, FL 33609

**Current Mailing Address:**

2002 N. LOIS AVE  
STE 507  
TAMPA, FL 33607

**New Mailing Address:**

6403 S. CLARK  
TAMPA, FL 33616

**FEI Number:** 20-0851035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LAMB, BRIAN K  
2002 N. LOIS AVE, STE 507  
TAMPA, FL 336078 US

**Name and Address of New Registered Agent:**

ORLICKI, OLIVER  
431 S. MATANZAS  
TAMPA, FL 33609 US

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: OLIVER ORLICKI

09/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMPBELL, ELIZABETH  
Address: 3201 W. HORATIO ST. #B  
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete  
Name: GEMOULES, CRAIG  
Address: 425 S. MATANZAS AVE  
City-St-Zip: TAMPA, FL 33609

Title: SD ( ) Delete  
Name: BYRNE, KEVIN  
Address: 3201 W. HORATIO ST. #A  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HEIN, RONALD  
Address: 429 S. MATANZAS  
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change ( ) Addition  
Name: ORLICKI, OLIVER  
Address: 431 S. MATANZAS  
City-St-Zip: TAMPA, FL 33609

Title: SD (X) Change ( ) Addition  
Name: TESAR, BARBARA  
Address: 3203 W. HORATIO ST. #B  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD HEIN

PD

09/06/2007

Electronic Signature of Signing Officer or Director

Date