

DOCUMENT # N04000001346

1. Entity Name

HAMPTON HILLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

7100 W CAMINO REAL  
STE 117  
BOCA RATON, FL 33433

Mailing Address

7100 W CAMINO REAL  
STE 117  
BOCA RATON, FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VALYO, PAUL  
7100 W CAMINO REAL  
STE 117  
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

APPLIED FOR 51-0546548

Applied For

Not Applicable

5. Certificate of Status Desired

06192006

Chg-NP

CR2E037 (4/06)

\$8.75 Additional Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CHANGE

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED

06 JUL 17 AM 8:03

REPORT

06192006

Chg-NP

CR2E037 (4/06)

300077951383

07/25/06--01037--007

\*\*61.25

Amended AR is \$61.25

9. Election Campaign Financing

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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #