2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Amended

FILED

08 JUL 14 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66013938

DOCUMENT # N04000001346

1. Entity Name
HAMPTON HILLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~951 BROKEN SOUND PKWY~~ ~~SUITE 108~~ ~~BOCA RATON, FL 33487~~	~~951 BROKEN SOUND PKWY~~ ~~SUITE 108~~ ~~BOCA RATON, FL 33487~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SWIFT Management	SWIFT Management
Suite, Apt. #, etc. 1750 University Dr #205	Suite, Apt. #, etc. 1750 University Dr #205
City & State Coral Sq FL	City & State Coral Sq FL
Zip 33071 Country USA	Zip 33071 Country USA

01082006 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0546548
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~VALYS, PAUL~~ ~~951 BROKEN SOUND PKWY~~ ~~SUITE 108~~ ~~BOCA RATON, FL 33487~~	Name: SWIFT Management Street Address (P.O. Box Number is Not Acceptable): 1750 University Dr #205 City: Coral Springs FL Zip Code: 33071

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RURY, JEREMY 3301 QUANTUM BLVD. BOYNTON BEACH, FL 33426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS Joshua Dubrow 5923 Abbey Road Tamarac FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ASHBY, STEVE 3301 QUANTUM BLVD. BOYNTON BEACH, FL 33426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Lawrence Schweitzer 5921 London Lane Tamarac FL. 33321.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST REYNOLDS, MIKE 3301 QUANTUM BLVD. BOYNTON BCH, FL 33426	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Brian Licata 5927 Manchester Way Tamarac FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600133151096 07/18/08--01047--008 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 01/21/08 561-241-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/17