2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004222

City-St-Zip:

JACKSONVILLE, FL 32256

FILED Jan 17, 2007 Secretary of State

Entity Name: SOUTH HAMPTON VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13500 SUTTON PARK DR S STE 204 11512 LAKE MEAD AVENUE JACKSONVILLE, FL 32224

SUITE 303

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

13500 SUTTON PARK DR S STE 204 11512 LAKE MEAD AVENUE JACKSONVILLE, FL 32224

SUITE 303

JACKSONVILLE, FL 32256

FEI Number: 20-1061577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STOUDEMIRE, CARL E III PATTERSON, GUY R 13500 SUTTON PARK DR S STE 204 11512 LAKE MEAD AVENUE JACKSONVILLE, FL 32224 SUITE 303

JACKSONVILLE, FL 32256 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: GUY R. PATTERSON 01/17/2007

> Electronic Signature of Registered Agent Date

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

City-St-Zip:

ST. AUGUSTINE, FL 32092

DPST (X) Change () Addition () Delete

STOUDEMIRE, CARL E III PATTERSON, GUY R Name: Name: 13500 SUTTON PARK DR S STE 204 Address: 11512 LAKE MEAD AVENUE SUITE 303 Address:

City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32256

(X) Change () Addition Title: () Delete Title:

Name: PITCAIRN, JAMES R III Name: GREENE, DAVID Address: 13500 SUTTON PARK DR S STE 204 Address: 4400 ROYAL TERN COURT

City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete Title: (X) Change () Addition PATTERSON, GUY BONGIORNO, MARYANNE Name: Name: 10920 BAYMEADOWS RD STE 27-206 175 HAMPTON POINT DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: GUY R. PATTERSON DPST 01/17/2007