


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005856 1. Entity Name HAMPTON POINTE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 6354 HAMPTON POINTE CIR LAKELAND, FL 33813	Mailing Address P O BOX 7671 LAKELAND, FL 33807-7671
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04022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1999911	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

BOWMAN, JOHN M
6354 HAMPTON POINTE CIRCLE
LAKELAND, FL 33813

**DO NOT WRITE
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 John M Bowman John Bowman 4/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWMAN, JOHN M 6354 HAMPTON POINTE CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURRY, STEPHEN 6393 HAMPTON POINTE CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUTENTAG, MELISSA 6250 HAMPTON POINTE CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERSHAK, DEBRA 6342 HAMPTON POINTE CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JESSE 6371 HAMPTON POINTE CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80052-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Melissa A Gutentag Melissa A Gutentag 4/3/06 863-581-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #