# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000006919

1. Entity Name
HAMPTON HILLS SOUTH HOMEOWNERS ASSOCIATION, INC.

FILED
07 AUG 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 2502 N ROCKY POINT DR SUITE 1050<br>TAMPA, FL 33607 | 9887 FOURTH STREET NORTH<br>SUITE 301<br>ST. PETERSBURG, FL 33702 |

06282007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-0602403 ☐ 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 |
|---|---|
| SMITH, BRIAN K<br>9887 FOURTH STREET NORTH<br>SUITE 301<br>ST. PETERSBURG, FL 33702 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**Amended AR is $61.25**

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<br>RYAN, JOHN M<br>9887 FOURTH STREET NORTH<br>ST. PETERSBURG, FL 33702 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>LAWSON, MICHAEL<br>9887 FOURTH STREET NORTH<br>ST. PETERSBURG, FL 33702 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300108388263<br>08/21/07--01056--009 | (Change) ☐ Addition<br>**61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>RAY, PAUL A<br>9887 FOURTH STREET NORTH<br>ST.PETERSBURG, FL 33702 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>SINGLETON, GREG<br>2502 N. ROCKY POINT DR. 1050<br>TAMPA, FL 33607 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| 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:** _____ Michael S. Lawson 7-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #