

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90036 047 ****61.25

DOCUMENT # N04000008292					
1. Entity Name HAMPTON MEWS OF ST. ANDREWS EAST ASSOCIATION, INC.					
Principal Place of Business 722 SHAMROCK BLVD VENICE, FL 34293			Mailing Address 722 SHAMROCK BLVD VENICE, FL 34293		
2. Principal Place of Business 181 Center Rd Suite, Apt. #, etc.		3. Mailing Address 181 Center Rd Suite, Apt. #, etc.			
City & State Venice, FL		City & State Venice, FL		4. FEI Number 51-0519506	
Zip 34285		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATTMANN, STEPHEN E 722 SHAMROCK BLVD VENICE, FL 34293			7. Name and Address of New Registered Agent Name: Argus Mgmt of Venice Street Address (P.O. Box Number is Not Acceptable): 181 Center Rd City: Venice FL Zip Code: 34285		
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: <u>SHAUN O'GRADY C.A.M.</u> DATE: <u>02/01/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME LATTMANN, STEPHEN E STREET ADDRESS 722 SHAMROCK BLVD CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE PD NAME PHILIP BORGIA STREET ADDRESS 1661 MONARCH DRIVE CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME SULLIVAN, PAMELA B STREET ADDRESS 722 SHAMROCK BLVD CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE VD NAME HAROLD PETRIE STREET ADDRESS 1617 MONARCH DRIVE CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME BRADY, RICHARD STREET ADDRESS 722 SHAMROCK BLVD CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE STD NAME JOAN D'AQUILA STREET ADDRESS 1649 MONARCH DRIVE CITY-ST-ZIP VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>HAROLD PETRIE</u> HAROLD PETRIE <u>2/8/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					