

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 17, 2008
Secretary of State

DOCUMENT# N04000008292

Entity Name: HAMPTON MEWS OF ST. ANDREWS EAST ASSOCIATION, INC.**Current Principal Place of Business:**181 CNTR RD
VENICE, FL 34285**New Principal Place of Business:**13435 S. MCCALL RD
#396
PORT CHARLOTTE, FL 33981**Current Mailing Address:**13435 S MCCALL RD 396
PORT CHARLOTTE, FL 33981**New Mailing Address:**13435 S. MCCALL RD
#396
PORT CHARLOTTE, FL 33981**FEI Number:** 51-0519506**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLFORD, CATHERINE
288 BAY TREE DR
ROTONDA WEST, FL 33947 US**Name and Address of New Registered Agent:**ALLFORD, CATHERINE M
288 BAYTREE DR
ROTONDA WEST, FL 33947 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: CATHERINE M ALLFORD

06/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORGIA, PHILIP
Address: 1661 MONARCH DR
City-St-Zip: VENICE, FL 34293

Title: VD () Delete
Name: PETRIE, HAROLD
Address: 1617 MONARCH DR
City-St-Zip: VENICE, FL 34293

Title: STD () Delete
Name: MABARDI, JOHN
Address: 1613 MONARCH DR
City-St-Zip: VENICE, FL 34293

Title: ST (X) Delete
Name: STICKLE, BRUCE
Address: 1619 MOVARD DR
City-St-Zip: VENICE, FL 34293

Title: P (X) Delete
Name: HABARDI, JOHN
Address: 1613 MOMAREE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MABARDI, JOHN H
Address: 1613 MONARCH DR
City-St-Zip: VENICE, FL 34293

Title: VD (X) Change () Addition
Name: PETRIE, HAROLD R
Address: 1617 MONARCH DR
City-St-Zip: VENICE, FL 34293

Title: STD (X) Change () Addition
Name: STICKLE, BRUCE J
Address: 1619 MONARCH DR
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN H. MABARDI

PD

06/17/2008

Electronic Signature of Signing Officer or Director

Date