2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001839

FILED Apr 18, 2006 Secretary of State

Entity Name: HAMPTON FARMS PROPERTY OWNERS ASSOCIATION, INC.

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

7208 SAND LAKE ROAD 8009 S. ORANGE AVENUE SUITE 304 ORLANDO, FL 32809

ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

7208 SAND LAKE ROAD 8009 S. ORANGE AVENUE SUITE 304 ORLANDO, FL 32809 ORLANDO, FL 32819

FEI Number: 20-2920967 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:

NOLAN, BARBARA
7208 SAND LAKE ROAD
SUITE 304
ORLANDO, FL 32819 US

LELAND MANAGEMENT
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 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: REBECCA FURLOW 04/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: DP (X) Change () Addition

Name: NOLAN, BARBARA Name: SWIMMER, AARON

Address: 7308 SAND LAKE ROAD SHITE 304 Address: 300 SQUITH POINTE DRIVE #2604

 Address:
 7208 SAND LAKE ROAD SUITE 304
 Address:
 300 SOUTH POINTE DRIVE #2604

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 MIAMI BEACH, FL 33139

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

Name: SWITZER, JEFFRY Name: WALSH, EDWARD
Address: 7208 SAND LAKE ROAD SUITE 304 Address: 6403 NE 156TH COURT

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WILLISTON, FL 32696

Title: STD () Delete Title: DST (X) Change () Addition Name: LIND, LISA Name: LEZCANO, ISIDRO

Address: 7208 SAND LAKE ROAD SUITE 304 Address: 11941 ASHFORD LANE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: DAVIS, FL 33325

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: AARON SWIMMER DP 04/18/2006