

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003835

FILED
Apr 22, 2009
Secretary of State

Entity Name: HAMPTON OFFICE PARK ASSOCIATION, INC.

Current Principal Place of Business:

1911 NW 150TH AVE
203
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1911 NW 150TH AVE
203
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 52-2459278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASELLS, ANNETTE A CPA
1911 NW 150TH AVE
203
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SONNEBORN, KENT
Address: 1941 NW 150TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD () Delete
Name: KLINE, STEVE
Address: 1921 NW 150TH AVE #101
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD () Delete
Name: STARK, RICK
Address: 1921 NW 150TH AVENUE #104
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TRES () Delete
Name: CASELLS, ANNETTE A
Address: 1911 NW 150TH AVE #203
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANNETTE CASELLS

TRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date