

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90057 038 ****61.25

DOCUMENT # N05000007788

1. Entity Name
HAMPTON PARK MASTER ASSOCIATION, INC.



Principal Place of Business
**24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134**

Mailing Address
**24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134**

40021101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

20-3373001

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HASTINGS, VIVIEN N
24301 WALDEN CENTER DR
STE 300
BONITA SPRINGS, FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**Filing Fee Is \$61.25
Due by May 1, 2007**

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

TITLE PD
NAME MANT, RICK ☒ Delete
STREET ADDRESS 24301 WALDEN CENTER DR - STE 300
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VPD
NAME GARDNER, JOHN ☐ Delete
STREET ADDRESS 24301 WALDEN CENTER DR - STE 300
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE STD
NAME KEITH, SYLVIA ☐ Delete
STREET ADDRESS 2020 CLUBHOUSE DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME LEUKROTH, MATTHEW
STREET ADDRESS 24301 WALDEN CENTER
CITY-ST-ZIP BONITA SPRINGS, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, in all other like empowered.

SIGNATURE:

Sylvia Keith SYLVIA KEITH

Date

Daytime Phone #

2/14/07 813-642-1454