

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N05000010505**

1. Entity Name  
HAMPTON HILLS CONDOMINIUM ASSOCIATION, INC.



FILED

06 JUL 17 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8198 JOG ROAD  
SUITE 200  
BOYNTON BEACH, FL 33437

Mailing Address  
8198 JOG ROAD  
SUITE 200  
BOYNTON BEACH, FL 33437



2. Principal Place of Business  
7100 W. Camino Real  
Suite, Apt. #, etc.  
Suite 117  
City & State  
Boca Raton FL  
Zip  
33433  
Country  
USA

3. Mailing Address  
7100 W. Camino Real  
Suite, Apt. #, etc.  
Suite 117  
City & State  
Boca Raton FL  
Zip  
33433  
Country  
USA

06192006 Chg-NP CR2E037 (4/06)

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ABRAMS, DAVID E  
8198 JOG ROAD  
SUITE 200  
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent  
Name  
Paul Valyo  
Street Address (P.O. Box Number is Not Acceptable)  
7100 W. Camino Real, Suite 117  
City  
Boca Raton FL Zip Code  
33433

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 Paul Valyo Paul Valyo 06/21/06  
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 September 6, 2006

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                     |                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BIRNBAUM, LEWIS<br>8198 JOG ROAD #200<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | UD<br>Steven Hildebrandt<br>3301 Quantum Blvd<br>Boynton Beach, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HORAN, MATTHEW<br>8198 JOG ROAD #200<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Matthew Horan<br>3301 Quantum Blvd<br>Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>REYNOLDS, MIKE<br>8198 JOG ROAD #200<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | STD<br>Mike Reynolds<br>3301 Quantum Blvd<br>Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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: X Steven Hildebrandt 6/22/06 561-362-7444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #