2007 NOT-FOR-PROFIT CORPORATION

Jan 31, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N05000010505 01-31-2007 90040 037 ****61 25 HAMPTON HILLS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40007238 7100 W CAMINO REAL 7100 W CAMINO REAL SUITE 117 **SUITE 117** BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) City & State City & State Applied For APPLIED FOR 68-0622454 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALYO, PAUL 7100 W CAMINO REAL Street Address (P.O. Box Number is Not Acceptable) SUITE 117 BOCA RATON, FL 33433 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 1111 F TITLE Delete Change ■ Addition HILDEBRANDT, STEVEN NAME NAME 3301 QUANTOM BLVD STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP CHY-ST-7IP TITLE TITLE PD Lewis Birnboum **√** Delete (Mange Addition HORAN, MATHEW NAME NAME 3301 QUANTOM BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change Addition REYNOLDS, MIKE NAME 3301 QUANTOM BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receive for trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

Steven

CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hildebraudt

FILED