

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000010505 1. Entity Name HAMPTON HILLS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7100 W CAMINO REAL SUITE 117 BOCA RATON, FL 33433		Mailing Address 7100 W CAMINO REAL SUITE 117 BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 951 BROKEN SOUND PKWY		3. Mailing Address 951 BROKEN SOUND PKWY	
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc. SUITE 108	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33487	Country USA	Zip 33487	Country USA
6. Name and Address of Current Registered Agent VALYO, PAUL 7100 W CAMINO REAL SUITE 117 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Paul Valyo Street Address (P.O. Box Number is Not Acceptable) 951 BROKEN SOUND PARKWAY SUITE 108 City BOCA RATON FL Zip Code 33487	
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 <i>* Paul Valyo</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Paul Valyo</i> 03/31/07 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	DV HILDEBRANDT, STEVEN 3301 QUANTOM BLVD BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JEREMY RURY 3301 QUANTUM BLVD BOYNTON BEACH FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BIRNBAUM, LEWIS 3301 QUANTOM BLVD BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STEVE ASHBY 3301 QUANTUM BLVD BOYNTON BEACH FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REYNOLDS, MIKE 3301 QUANTOM BLVD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000103611600 05/31/07--01033--017 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>X Mike Reynolds</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Mike Reynolds</i> 03/31/07 561-241-5995 <small>Date Daytime Phone #</small>	

AMENDED

REPORT

07 MAY 19 AM 10:57
STATE
BOCA RATON, FLORIDA



03292007 Chg-NP CR2E037 (12/06)

4. FEI Number 68-0622454 Applied For Not Applicable

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