# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2008**
**Secretary of State**

DOCUMENT# N05000011571

**Entity Name:** SOUTH HAMPTON TOWNSUITES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9191 RG SKINNER PARKWAY
SUITE 303
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256

**New Mailing Address:**

9191 RG SKINNER PARKWAY
SUITE 303
JACKSONVILLE, FL 32256

**FEI Number: 20-5170343** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATTERSON, GUY R
11512 LAKE MEAD AVENUE
SUITE 303
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

PATTERSON, GUY R
9191 RG SKINNER PARKWAY
SUITE 303
JACKSONVILLE, FL 32256 US

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: _____ 04/01/2008
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: PATTERSON, GUY R
Address: 11512 LAKE MEAD AVENUE SUITE 303
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVS ( ) Delete
Name: ROGOVE, ARTHUR
Address: 159-4 HAMPTON POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete
Name: HATCHER, MARC
Address: 159-1 HAMPTON POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition
Name: PATTERSON, GUY R
Address: 9191 RG SKINNER PARKWAY SUITE 303
City-St-Zip: JACKSONVILLE, FL 32256

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: GUY R PATTERSON DPT 04/01/2008
Electronic Signature of Signing Officer or Director — Date