2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000011571

Entity Name: SOUTH HAMPTON TOWNSUITES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9191 RG SKINNER PARKWAY
SUITE 303
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9191 RG SKINNER PARKWAY
SUITE 303
JACKSONVILLE, FL 32256

New Mailing Address:

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
9191 RG SKINNER PARKWAY
SUITE 303
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: PATTERSON, GUY R
Address: 9191 RG SKINNER PARKWAY 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: HATCHER, MARC
Address: 159-1 HAMPTON POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: OWENS, TED
Address: 161-2 HAMPTON POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: MARC HATCHER DPT 04/28/2009

Electronic Signature of Signing Officer or Director — Date