

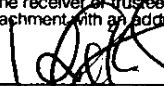


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90203 038 ****61.25

DOCUMENT # N05510 1. Entity Name THE HAMPTONS CONDOMINIUM ASSOCIATION OF PENSACOLA, INC. <i>AH</i>					
Principal Place of Business 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503				Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2420147	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, KEVIN 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D MCBRIER, MIKE 601 E BURGESS RD UNIT J-1 PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 15048 Pensacola, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NADOLNY, BILL 324 S 61ST AVE PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hargrave, David 601 E. Burgess Rd J-9 Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNAYER, JOE 601 E. BURGESS RD., D-3 PENSACOLA, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pyle, Tahnja 601 E. Burgess Rd F-3 Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, JIM 601 E. BURGESS RD., D-7 PENSACOLA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRADER, RUTH 601 EAST BURGESS RD. B-3 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Chamberlain, Ethel 601 E. Burgess Rd F-1 Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MAX 601 E BURGESS RD #1-6 PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/21/06 Daytime Phone # 850-434-3585					