2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N06000005746

Entity Name: HAMPTON PROFESSIONAL PARK OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7807 BAYMEADOWS ROAD E SUITE 403
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7807 BAYMEADOWS ROAD E SUITE 403
JACKSONVILLE, FL 32256

New Mailing Address:

C/O HALLMARK PARTNERS INC
6675 CORPORATE CENTER PARKWAY, STE100
JACKSONVILLE, FL 32216

FEI Number: 20-8379823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITTS, WILLIAM G
7807 BAYMEADOWS ROAD E, SUITE 403
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: D ( ) Delete
Name: POWERS, JOHN M
Address: 50 A1A NORTH, SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D ( ) Delete
Name: PITTS, WILLIAM G
Address: 7807 BAYMEADOWS ROAD E SUITE 403
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D ( ) Delete
Name: GARNETT, JACK
Address: 7807 BAYMEADOWS ROAD E, SUITE 405
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM PITTS MR. 04/06/2009

Electronic Signature of Signing Officer or Director — Date