

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006208

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** HAMPTON VILLAGE AT AVE MARIA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAPAITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, STE 109  
PALM BEACH GARDENS, FL 33403

**New Principal Place of Business:**

C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, STE 109  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

C/O CAPAITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, STE 109  
PALM BEACH GARDENS, FL 33403

**New Mailing Address:**

C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, STE 109  
PALM BEACH GARDENS, FL 33403

FEI Number: 26-0332996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCDONALD, DONNA  
C/O CAPAITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, STE 109  
PALM BEACH GARDENS, FL 33403 US

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

MCDONALD, DONNA  
C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, STE 109  
PALM BEACH GARDENS, FL 33403 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:

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BROOKS, SCOTT  
Address: 12311 WALDEN CENTER DRIVE, SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP  
Name: HASTY, CHRIS  
Address: 12311 WALDEN CENTER DRIVE, SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S/T  
Name: RAY, LAURA  
Address: 12311 WALDEN CENTER DRIVE, SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: SCOTT BROOKS

DP

03/02/2012

Electronic Signature of Signing Officer or Director

Date