
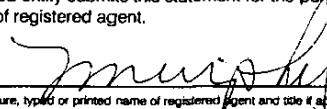

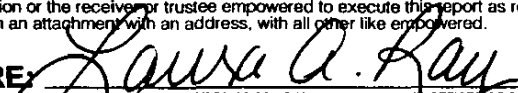


**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

<b>DOCUMENT # N06000009591</b>		
<b>1. Entity Name</b> HAMPTON VILLAGE AT AVE MARIA TOWNHOMES NEIGHBORHOOD ASSOCIATION, INC.		
<b>Principal Place of Business</b> 9240 ESTERO PARK COMM. BLVD ESTERO, FL 33928		<b>Mailing Address</b> 9240 ESTERO PARK COMM. BLVD ESTERO, FL 33928
<b>2. Principal Place of Business - No P.O. Box #</b> C/O Intergrated Property Mgmt.		<b>3. Mailing Address</b> C/O Intergrated Property Mgmt.
Suite, Apt. #, etc. 3435 10th Street N. #201		Suite, Apt. #, etc. 3435 10th Street N. #201
City & State Naples, FL		City & State Naples, FL
Zip 34103	Country	Zip 34103
<b>6. Name and Address of Current Registered Agent</b>		
STACKHOUSE, EDWIN D 9240 ESTERO PARK COMM. BLVD ESTERO, FL 33928		Name
		Street Address
		City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		 (NOTE: Registered Agent signature required)
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, EDWIN D 9240 ESTERO PARK COMM. BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, MICHAEL W 9240 ESTERO PARK COMM. BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, LAURA 9240 ESTERO PARK COMM. BLVD ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 611, F.S., and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 611, F.S., changed, or on an attachment with an address, with all other like empowered.</b>		
SIGNATURE:  3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		