

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90037 035 \*\*\*\*61.25

DOCUMENT # N07000001643

1. Entity Name  
**MARKETPLACE AT HAMPTON POINTE OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**6654 - 78TH AVE NORTH  
PINELLAS PARK, FL 33781**

Mailing Address  
**6654 - 78TH AVE NORTH  
PINELLAS PARK, FL 33781**

**50002029**

2. Principal Place of Business - No P.O. Box #

**STERLING MGMT**

Suite, Apt. #, etc.

**100**

3. Mailing Address

**2870 SCHERER DR. N**

Suite, Apt. #, etc.

**100**

City & State

**ST. PETERSBURG FL**

City & State

**ST. PETERSBURG FL**

Zip

**33716**

Country

Zip

**33716**

Country

02062008

Chg-NP

CR2E037 (12/06)

4. FEI Number

**26-0189062**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COCKEY, PRESTON O JR  
201 N FRANKLIN STREET STE 3410  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **LIZBETH POTTS + ASSOC., P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**13371 N. 56TH ST.**

City

**TAMPA**

FL

Zip Code

**33617**

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

*[Signature]*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **NOWAK, GREG A**  
STREET ADDRESS **6654 - 78TH AVE NORTH**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☒ Delete  
NAME **YEPES, CARLOS A**  
STREET ADDRESS **6654 - 78TH AVE NORTH**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☒ Delete  
NAME **FEEKS, DARLENE A**  
STREET ADDRESS **6654 - 78TH AVE NORTH**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **DAVID HEAVENRIDGE**  
STREET ADDRESS **11941 ROYCE WATERFORD CIRCLE**  
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* **DAVID HEAVENRIDGE**

**2-20-08**

Date

**727-423-2633**

Daytime Phone #