

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N10180

1. Entity Name
HAMPTON POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P. O. BOX 809
FLORAL CITY, FL 34436 US

Mailing Address

P. O. BOX 809
FLORAL CITY, FL 34436 US



01082006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-2893027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEUTSCHMAN, ALFRED L
217 N. APOPKA AVE.
INVERNESS, FL 34452

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, JIM
STREET ADDRESS	515 S POINTE DR.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	MANGINI, LOU
STREET ADDRESS	5109 S POINTE DR.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	SISOLAK, DICK
STREET ADDRESS	9200 E HAMPTON
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	T
NAME	SWEARINGEN, SANDY
STREET ADDRESS	5110 S POINTE DR.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	S
NAME	OLAFSON, DEE
STREET ADDRESS	5140 S. POINTE DR.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	WATERS, GERALD
STREET ADDRESS	5150 S POINTE DR.
CITY-ST-ZIP	INVERNESS, FL 34450

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01/25/06-80009-007 61.25

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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: Sandy Swearingen Sandy Swearingen 1/18/06 352-344-535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if