## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10180

FILED Feb 21, 2010 Secretary of State

Entity Name: HAMPTON POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 809

FLORAL CITY, FL 34436 US

Current Mailing Address: New Mailing Address:

P. O. BOX 809 P.O. BOX 809

FLORAL CITY, FL 34436 US FLORAL CITY, FL 34436 US

FEI Number: 59-2893027 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: T/S

Name: DAVIS, KAREN
Address: 5151 S POINTE DR.
City-St-Zip: INVERNESS, FL 34450

Title: D

Name: DAVIS, JIM
Address: 5151 S POINTE DR.
City-St-Zip: INVERNESS, FL 34450

Title:

Name: SISOLAK, DICK

Address: 9200 E HAMPTON POINT ROAD

City-St-Zip: INVERNESS, FL 34450

Title:

Name: DEUTSCHMAN, ALFRED Address: 5136 S. POINTE DR. City-St-Zip: INVERNESS, FL 34450

Title: D

 Name:
 BONEY, LARRY

 Address:
 5135 S. POINTE DR.

 City-St-Zip:
 INVERNESS, FL 34450

Title: [

 Name:
 MISSETT, DONALD

 Address:
 5148 S. POINTE DR.

 City-St-Zip:
 INVERNESS, FL 34450

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: KAREN E. DAVIS T/S 02/21/2010