FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOČUMENT # **N11329** 1. Entity Name 05-22-2002 90153 033 ****61.25 HAMPTON VILLAGE PROPERTY OWNERS' ASSOCIATION, IN Mailing Address Principal Place of Business 6551 PARK OF COMMERCE BLVD 6551 PARK OF COMMERCE BLVD π கு π வ π Ο STE 100 STE 100 **BOCA RATON FL 33487** BOCA RATON FL 33487 us US 3. Mailing Address 2. Principal Place of Business 2859 Paces Fern DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Swite 1450 Applied For 4. FEI Number City & State City & State 59-2701348 Not Applicable GA Atlanta \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 30339 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name inat Bastuba Κ. Street Address (P.O. Box Number is Not Acceptable) 53ma 35 6551 GENTRY, DEBORAH L. 6400 CONGRESS AVENUE, SUITE 2000 Suite 100 SUITE 100 Zip Code えるせんつ Boca Rator **BOCA RATON FL 33487** 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. Joni K. Bastuba (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW! FEE IS \$61.25 **Department of State** Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. (9/01) Change ☐ Addition ☐ Delete TITLE PD TITLE NAME Wheeler. Chris STREET ADDRESS STREET ADDRESS 6400 CONGRESS AVE. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE VD. NAME BRYANT, BRAD NAME STREET ADDRESS 6400 CONGRESS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME IGLEHART, GREG NAME STREET ADDRESS 6400 CONGRESS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition 🔀 Delete TIT1 F TITLE NAME GENTRY, DEBORAH L NAME STREET ADDRESS STREET ADDRESS 6400 CINGRESS AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

3/14/02