
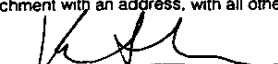


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11329 1. Entity Name HAMPTON VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 850 CLINTON SQUARE ROCHESTER, NY 14604			Mailing Address 2859 PACES FERRY RD STE 1450 ATLANTA, GA 30339 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 850 Clinton Square Suite, Apt. #, etc.			
City & State		City & State Rochester, NY		4. FEI Number 59-2701348	
Zip 14604		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 40497140 08/25/04--01045--009 **61.25 City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, CHRIS 777 YAMATO ROAD BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Pettinella, Edward J. 850 Clinton Square Rochester, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, BRAD 777 YAMATO ROAD BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D McCormick, Ann M. 850 Clinton Square Rochester, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IGLEHART, GREG 9912 W LINEBAUGH AVE TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Gardner, David, P. 850 Clinton Square Rochester, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BANKS, MARVIN R JR 2859 PACES FERRY RD SUITE 1450 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Doyle, Scott 850 Clinton Square Rochester, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SERERT, DAWN H 2859 PACES FERRY RD SUITE 1450 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Falk, Jodi 850 Clinton Square Rochester, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TEWELL, ASHLEY I 2859 PACES FERRY RD SUITE 1450 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Loken, Robert J. 850 Clinton square Rochester, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			Vice Pres. & Asst. Sec. 7/17/04 Kathleen K. Suher		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7/17/04 Daytime Phone # 585-546-4900		

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (CONTINUED)

Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Schue, Janine M.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Smith, John E.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Brown, William L.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Dardaris, Kimberly M.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Denny, Donald K.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Depew, Sean M.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Florczak, Timothy A.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Hemstetter, Mildred	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Holman, Marianne C.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Knight, Keith E.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	
Title	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Korn, Gerald K.	
Street Address	850 Clinton Square	
City -ST-Zip	Rochester, NY 14604	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title V
Name O'Leary, Paul.
Street Address 850 Clinton Square
City -ST-Zip Rochester, NY 14604

Title V
Name Quinn, Bernard J.
Street Address 850 Clinton Square
City -ST-Zip Rochester, NY 14604

Title V
Name Revers, William C.
Street Address 850 Clinton Square
City -ST-Zip Rochester, NY 14604

Title V
Name Scharlock, John C.
Street Address 850 Clinton Square
City -ST-Zip Rochester, NY 14604

Title V
Name Stafford, Joseph
Street Address 850 Clinton Square
City -ST-Zip Rochester, NY 14604

Title V/AS
Name Suher, Kathleen K.
Street Address 850 Clinton Square
City -ST-Zip Rochester, NY 14604

Title V
Name Warshof, Charis W.
Street Address 850 Clinton Square
City -ST-Zip Rochester, NY 14604

☐ Change ■ Addition

☐ Change ■ Addition

☐ Change ■ Addition

☐ Change ■ Addition

☐ Change ■ Addition

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