

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11329

FILED
Mar 22, 2006
Secretary of State

Entity Name: HAMPTON VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

850 CLINTON SQUARE
ROCHESTER, NY 14604

New Principal Place of Business:

Current Mailing Address:

850 CLINTON SQUARE
ROCHESTER, NY 14604

New Mailing Address:

FEI Number: 59-2701348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: PETTINELLA, EDWARD J
Address: 850 CLINTON SQUARE
City-St-Zip: ROCHESTER, NY 14604

Title: VSD () Delete
Name: MC CORMICK, ANN M
Address: 850 CLINTON SQUARE
City-St-Zip: ROCHESTER, NY 14604

Title: VD () Delete
Name: GARDNER, DAVID P
Address: 850 CLINTON SQUARE
City-St-Zip: ROCHESTER, NY 14604

Title: V () Delete
Name: DOYLE, SCOTT
Address: 850 CLINTON SQUARE
City-St-Zip: ROCHESTER, NY 14604

Title: V () Delete
Name: FALK, JODI
Address: 850 CLINTON SQUARE
City-St-Zip: ROCHESTER, NY 14604

Title: VT () Delete
Name: LUKEN, ROBERT
Address: 850 CLINTON SQUARE
City-St-Zip: ROCHESTER, NY 14604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN M. MCCORMICK

S

03/22/2006

Electronic Signature of Signing Officer or Director

Date