

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11600

FILED
Apr 15, 2008
Secretary of State

Entity Name: THE HAMPTONS OF HEATHROW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2883799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434, STE 5000
LONGWOOD, FL 32779 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: LUCAS, MELANIE
Address: 467 HAMPTONCREST #207D
City-St-Zip: HEATHROW, FL 32746

Title: TD () Delete
Name: RYAN, SHARON
Address: 443 HAMPTON CREST #301A
City-St-Zip: HEATH ROW, FL 32746

Title: SD () Delete
Name: TIFFANY, DAVID
Address: 443 HAMPTONCREST #107A
City-St-Zip: HEATHROW, FL 32746

Title: D (X) Delete
Name: KIRKPATRICK, DARRELL
Address: 451 HAMPTONCREST #107B
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: BLOOMBERG, DAVID
Address: 459 HAMPTONCREST #203C
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEMMINGS, LAURA
Address: 467 HAMPTONCREST #201D
City-St-Zip: HEATHROW, FL 32746

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURA HEMMINGS

PD

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date