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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11919 (0)

1. Corporation Name

HAMPTON LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

15807 GLENARN DR.
TAMPA FL 3361815807 GLENARN DR.
TAMPA FL 33618-1659

3. Date Incorporated or Qualified

11/06/1985

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, DAVID
15807 GLENARN DR.
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LYNCH, MICHAEL
STREET ADDRESS 3214 HOEDT RD.
CITY-ST-ZIP TAMPA FL 336181.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TD
NAME WHEELER, DAVID
STREET ADDRESS 15807 GLENARN DR.
CITY-ST-ZIP TAMPA FL 336182.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DV
NAME LAQUE, JERRY
STREET ADDRESS 15817 HAMPTON VILLAGE DR.
CITY-ST-ZIP TAMPA FL 336183.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DS
NAME BLANK, IVAN
STREET ADDRESS 15819 HAMPTON VILLAGE DR.
CITY-ST-ZIP TAMPA FL 336184.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME WILL, CARL
STREET ADDRESS 15804 GLENARN DR.
CITY-ST-ZIP TAMPA FL 336185.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

Date

813-222-7615

Daytime Phone # 0048499

CR2E037 (9/96)