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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90182 037 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N11919**

1. Corporation Name

**HAMPTON LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

15807 GLENARN DR.  
 TAMPA FL 33618

Mailing Address

15807 GLENARN DR.  
 TAMPA FL 33618



2. Principal Place of Business

21 **15813 Hampton Village Dr.**

Suite, Apt. #, etc.

22

City & State

23 **Tampa, FL**

Zip

24 **33618**

Country

2a. Mailing Address

25 **15813 Hampton Village Dr.**

Suite, Apt. #, etc.

27

City & State

28 **Tampa, FL**

Zip

29 **33618**

Country

3. Date Incorporated or Qualified

**11/06/1985**

4. FEI Number

**59-3005480**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**WHEELER, DAVID**  
**15807 GLENARN DR.**  
**TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name **GREG HARRISON**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **15813 Hampton Village Dr.**  
 84 City **TAMPA** 85 Zip Code **FL 33618**

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 **GREG HARRISON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/99**

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**  
 NAME **LYNCH, MICHAEL**  
 STREET ADDRESS **3214 HOEDT RD.**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **TD**  
 NAME **WHEELER, DAVID**  
 STREET ADDRESS **15807 GLENARN DR.**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **DV**  
 NAME **LAQUE, JERRY**  
 STREET ADDRESS **15817 HAMPTON VILLAGE DR.**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **DS**  
 NAME **BLANK, IVAN**  
 STREET ADDRESS **15819 HAMPTON VILLAGE DR.**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  
 2.2 NAME **GREG HARRISON**  
 2.3 STREET ADDRESS **15813 Hampton Village**  
 2.4 CITY-ST-ZIP **TAMPA, FL 33618**

3.1 TITLE  
 3.2 NAME **JOSEPH CARD**  
 3.3 STREET ADDRESS **15804 Fenton Dr.**  
 3.4 CITY-ST-ZIP **TAMPA, FL 33618**

4.1 TITLE  
 4.2 NAME **LINDA CAIN**  
 4.3 STREET ADDRESS **15838 Glenarn Dr.**  
 4.4 CITY-ST-ZIP **TAMPA, FL 33618**

5.1 TITLE **DIRECTOR**  
 5.2 NAME **GINNIE ALLOWAY**  
 5.3 STREET ADDRESS **15802 Glenarn Dr.**  
 5.4 CITY-ST-ZIP **Tampa, FL 33618**

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Michael P. Lynch**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-99**

Date

Daytime Phone #

CR2E037 (11/98)