

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N11919**

1. Entity Name

**HAMPTON LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

15813 HAMPTON VILLAGE DRIVE  
TAMPA FL 33618  
US

Mailing Address

15813 HAMPTON VILLAGE DRIVE  
TAMPA FL 33618-1655  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3005480

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, GREG  
15813 HAMPTON VILLAGE DRIVE  
TAMPA FL 33618

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME  
PD  
LYNCH, MICHAEL  
STREET ADDRESS  
3214 HOEDT RD.  
CITY-ST-ZIP  
TAMPA FL 33618TITLE ☐ DeleteNAME  
TD  
HARRISON, GREG  
STREET ADDRESS  
15813 HAMPTON VILLAGE  
CITY-ST-ZIP  
TAMPA FL 33618TITLE ☐ DeleteNAME  
DV  
CARD, JOSEPH (caro)  
STREET ADDRESS  
15804 FENTON DRIVE  
CITY-ST-ZIP  
TAMPA FL 33618TITLE ☐ DeleteNAME  
DS  
GASH, LINDA Cain  
STREET ADDRESS  
15838 GLENGRN DRIVE  
CITY-ST-ZIP  
TAMPA FL 33618TITLE ☐ DeleteNAME  
D  
ALLOWAY, GINGER  
STREET ADDRESS  
15802 GLENGRN DRIVE  
CITY-ST-ZIP  
TAMPA FL 33618TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE OF GREG HARRISON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90082 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

968-2886  
1-3-00 813-216