

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90053 018 \*\*\*\*61.25

**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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3005480**

Applied For

Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE President ☐ Change ☒ Addition  
NAME Karlson Strouse  
STREET ADDRESS 15815 Hampton Village Dr  
CITY-ST-ZIP Tampa, FL 33618

TITLE TD ☐ Delete  
NAME HARRISON, GREG  
STREET ADDRESS 15813 HAMPTON VILLAGE  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☒ Delete  
NAME CARO, JOSEPH  
STREET ADDRESS 15804 FENTON DRIVE  
CITY-ST-ZIP TAMPA FL 33618

TITLE Secretary ☐ Change ☒ Addition  
NAME Coletto Jacard  
STREET ADDRESS 15824 Glenview Dr  
CITY-ST-ZIP TAMPA FL 33618

TITLE DS ☒ Delete  
NAME CAIN, LINDA  
STREET ADDRESS 15838 GLENGRN DRIVE  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ALLOWAY, GINGER  
STREET ADDRESS 15802 GLENGRN DRIVE  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Greg Harrison*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-4-01

813-968-2886

Date

Daytime Phone #

CR2E037 (10/00)