

FILED

Apr 28, 2002 8:00 am
Secretary of State

03-27-2002 90047 005 ****61.25

2002 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
US

000000-25696



DO NOT WRITE IN THIS SPACE

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME LYNCH, MICHAEL
STREET ADDRESS 3214 HOEDT RD.
CITY-ST-ZIP TAMPA FL 33618TITLE TD ☐ Delete
NAME HARRISON, GREG
STREET ADDRESS 15813 HAMPTON VILLAGE
CITY-ST-ZIP TAMPA FL 33618TITLE DV ☒ Delete
NAME CARO, JOSEPH
STREET ADDRESS 15804 FENTON DRIVE
CITY-ST-ZIP TAMPA FL 33618TITLE DS ☒ Delete
NAME CAIN, LINDA
STREET ADDRESS 15838 GLENGRN DRIVE
CITY-ST-ZIP TAMPA FL 33618TITLE D ☒ Delete
NAME ALLOWAY, GINGER
STREET ADDRESS 15802 GLENGRN DRIVE
CITY-ST-ZIP TAMPA FL 33618TITLE Secretary ☐ Delete
NAME Collette Jaccard
STREET ADDRESS 15924 Glenview Dr.
CITY-ST-ZIP Tam 33618

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition
NAME Karlson Strauss
STREET ADDRESS 15815 Hampton Village Dr
CITY-ST-ZIP Tam FL 33618TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/02

813 968 2886

CR2E037 (9/01)