# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 09, 2007**
**Secretary of State**

DOCUMENT# N11919

**Entity Name:** HAMPTON LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15817 HAMPTON VILLAGE DR
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

15817 HAMPTON VILLAGE DR
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number: 59-3005480** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RONALD, SANTIAGO
15820 HAMPTON VILLAGE DR
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ANGELAKOS, TEO
Address: 15817 HAMPTON VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: VPT ( ) Delete
Name: KEENE, JOHN
Address: 15817 HAMPTON VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: TRES ( ) Delete
Name: LIZA, ANGELAKOS
Address: 15817 HAMPTON VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: OD ( ) Delete
Name: SANTIAGO, RONALD
Address: 15820 HAMPTON VILLAGE DR
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ANGELAKOS, THEO
Address: 15817 HAMPTON VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZA JONES TRE 04/09/2007

Electronic Signature of Signing Officer or Director — Date