



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90030 005 \*\*\*\*61.25

<b>DOCUMENT # N14447</b> Entity Name <b>THE HAMPTONS AT LAKE ST. GEORGE SOUTH HOMEOWNERS ASSOCIATION, INC.</b>						
Principal Place of Business POST OFFICE BOX 914 PALM HARBOR, FL 34682    US			Mailing Address POST OFFICE BOX 914 PALM HARBOR, FL 34682    US			
2. Principal Place of Business <i>Same</i> Suite, Apt. #, etc.		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.				
City & State		City & State		07312005    Chg-NP    CR2E037 (10/03)		
Zip    Country		Zip    Country		4. FEI Number <b>59-2954238</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> BUTTS, JASON 3811 LAKE SHORE DR PALM HARBOR, FL 34684			<b>7. Name and Address of New Registered Agent</b> Name <i>Joseph Helenihi</i> Street Address (P.O. Box Number is Not Acceptable) <i>3766 Lake Shore Drive</i> City <i>Palm Harbor</i> FL    Zip Code <i>34684</i>			
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE <i>Joseph K. Helenihi</i> DATE <i>8/27/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTTS, JASON <input checked="" type="checkbox"/> Delete 3811 LAKE SHORE DR PALM HARBOR, FL 34684			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Helenihi, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3766 Lake Shore Dr. Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HELENIHI, JOSEPH <input type="checkbox"/> Delete 3766 LAKE SHORE DR PALM HARBOR, FL 34684			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Lapergola, Jacquelyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 668 Bellingham Place Palm Harbor, FL. 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAPERGOLA, JACQUELYN <input type="checkbox"/> Delete 668 BELLINGHAM PLACE PALM HARBOR, FL 34684			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Web, Shirley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3359 Peterborough Place Palm Harbor, FL. 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
<b>SIGNATURE:</b> <i>Joseph K. Helenihi</i> DATE <i>8/27/05</i> 727-217-1171 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>						