



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N14447		
1. Entity Name THE HAMPTONS AT LAKE ST. GEORGE SOUTH HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business POST OFFICE BOX 914 PALM HARBOR, FL 34682 US	Mailing Address POST OFFICE BOX 914 PALM HARBOR, FL 34682 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HELENIHI, JOSEPH 3766 LAKE SHORE DR PALM HARBOR, FL 34684		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HELENIHI, JOSEPH 3766 LAKE SHORE DR PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAPERGOLA, JACQUELYN 668 BELLINGHAM PLACE PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEB, SHIRLEY 3359 PETERBOROUGH PL PALM HARBOR, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Joseph K. Helenihi 3/28/07 (727) 259-8934 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2954238	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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04/10/07-60044-002 61.25

**DO NOT WRITE
IN THIS SPACE**