2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N16797**



850-434-3585

Daytime Phone #

1. Entity Name THE TOWN HOMES AT THE HAMPTONS CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.						C	94-28-2006 9	90203 040	****61.2	15		
Principal Plac 3298 SUMM PENSACOLA,	it blvd. Sui	Mailing Address 3298 SUMMIT BLVD. SI PENSACOLA, FL 32503	8 Summit Blvd. Suite 4									
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. St			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04192006	Chg-NP	CR2E0	37 (11/05)		
City & State			City & State	City & State			4. FEI Number 59-2420			_ 	oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Cou		5. Certificate of S		f Status Desired	status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registers			gistered Agent	nd Agent			7. Name and A	ddress of New	Registered	Agent		
ETHEOID/	CE KC)41	.6			Name							
ETHERIDGE, KEVIN 3298 SUMMIT BLVD. SUITE 4					Street A	ddress (F	P.O. Box Number	is Not Acceptal	ble)			
PENSACC)LA, FL 3:	2503										
					City	FL Zip Code						
	named entiti tions of regist	y submits this statement for the tered agent.	he purpose of changing its	registere	ed office or	r register	ed agent, or both	, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	of printed name of registered agent and	titile if applicable. (NOTE	: Registered	d Agent signat	ure required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2006												
	_		9. Election Carr Trust Fund C				\$5.00 May Be Added to Fees	FI	Make chec orlda Depai			
10.	Due by N		Trust Fund C					FI	orlda Depai	tment of S	v 10	
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indicated on this report or supplied with this litting oces not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 ox 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 attact mention appears, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: