



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90092 008 ****61.25

DOCUMENT # N17619 1. Entity Name THE HAMPTONS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O RANDY STURGILL 8638 CHADWICK DR TAMPA, FL 33635 US			Mailing Address C/O RANDY STURGILL 8638 CHADWICK DR TAMPA, FL 33635 US		
2. Principal Place of Business ; No P.O. Box # 8617 CHADWICK DR. Suite, Apt. #, etc.		3. Mailing Address 8617 CHADWICK DR. Suite, Apt. #, etc.			
City & State TAMPA, FL Zip 33635 Country USA		City & State TAMPA, FL Zip 33635 Country USA		4. FEI Number 59-2738922	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STURGILL, RANDLE 8638 CHADWICK DR TAMPA, FL 33635			7. Name and Address of New Registered Agent Name LAURA CLARKE Street Address (P.O. Box Number is Not Acceptable) 8617 CHADWICK DR. City TAMPA FL Zip Code 33635		
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>LAURA CLARKE</i> LAURA CLARKE PRESIDENT 1/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STURGILL, RANDY 8638 CHADWICK DR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT LAURA CLARKE 8617 CHADWICK DR. TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUZNIEWSKI, JACKY 8615 CHADWICK DR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICE PRESIDENT TONY CRELLI 8705 GETTYSBURG WAY TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUZNIEWSKI, HIKE 8615 CHADWICK DR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALE KRITCH 8628 CHADWICK DR. TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THAMGIRAJ, JANET 8726 CHADWICK DR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUZANNE GUNNIN 8613 CHADWICK DR. TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, FRANK 8639 CHADWICK DR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELENA SILVA 8701 GETTYSBURG WAY TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREG GINGELESKI 8703 GETTYSBURG WAY TAMPA, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>LAURA CLARKE</i> LAURA CLARKE 1/31/07 813-925-0504 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					