

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17619

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: THE HAMPTONS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

C/O LAURIE CLARKE  
8617 CHADWICK DR  
TAMPA, FL 33635 US

## New Principal Place of Business:

C/O KALE KRITCH  
8628 CHADWICK DR  
TAMPA, FL 33635 US

## Current Mailing Address:

C/O LAURIE CLARKE  
8617 CHADWICK DR  
TAMPA, FL 33635 US

## New Mailing Address:

C/O KALE KRITCH  
8628 CHADWICK DR  
TAMPA, FL 33635 US

FEI Number: 59-2738922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARKE, LAURIE  
8617 CHADWICK DR.  
TAMPA, FL 33635 US

## Name and Address of New Registered Agent:

KRITCH, KALE  
8628 CHADWICK DR.  
TAMPA, FL 33635 US

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: KALE M. KRITCH

04/02/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CLARKE, LAURIE  
Address: 8617 CHADWICK DR.  
City-St-Zip: TAMPA, FL 33635 US

Title: V ( ) Delete  
Name: GINGELESKI, KRISSY  
Address: 8703 GETTYSBURG WAY  
City-St-Zip: TAMPA, FL 33635 US

Title: T ( ) Delete  
Name: KRITCH, KALE  
Address: 8628 CHADWICK DR  
City-St-Zip: TAMPA, FL 33635 US

Title: S ( ) Delete  
Name: GUNNIN, SUZANNE  
Address: 8613 CHADWICK DR.  
City-St-Zip: TAMPA, FL 33635 US

Title: D ( ) Delete  
Name: SILVA, ELENA  
Address: 8701 GETTYSBURG WAY  
City-St-Zip: TAMPA, FL 33635 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KRITCH, KALE  
Address: 8628 CHADWICK DR.  
City-St-Zip: TAMPA, FL 33635 US

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

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 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: KALE M. KRITCH

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date