

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 006 ****61.25

DOCUMENT # N18650

1. Entity Name
HAMPTON COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**C/O PHEONIX MANAGEMENT
3082 JOG ROAD
LAKE WORTH, FL 33467-2053**

Mailing Address
**C/O PHEONIX MANAGEMENT
3082 JOG ROAD
LAKE WORTH, FL 33467-2053**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2761378

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**ROSENTHAL, DAVID C.
3082 JOG ROAD
LAKE WORTH, FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	VPT	<input type="checkbox"/> Delete
NAME	LIPSON, MILTON	
STREET ADDRESS	8141 CASSIA DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITELAW, WILLIAM	
STREET ADDRESS	7146 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SORIN, JACK	
STREET ADDRESS	8142 MIMOSA PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, LARRY	
STREET ADDRESS	8140 MIMOSA PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LERNER, SANDRA	
STREET ADDRESS	7229 SWEET BAY CT	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAFFE, MICHAEL	
STREET ADDRESS	8045 CASSIA DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #