06-30-2008 90022035 ****61.25
N18650

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 JUL -7 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18650

1. Entity Name
HAMPTON COMMUNITY ASSOCIATION, INC.

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

05022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business – No P.O. Box #	3. Mailing Address
ASSOCIATED PROPERTY MGMT	ASSOCIATED PROPERTY MGMT
Suite, Apt. #, etc.: 1928 LAKE WORTH RD	Suite, Apt. #, etc.: 1928 LAKE WORTH RD.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33461 Country: USA	Zip: 33461 Country: USA

4. FEI Number: 59-2761378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: DICKER, KRIVOK & STOLOFF, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1818 AUSTRALIAN AVE, #400
City: WEST PALM BEACH FL Zip Code: 33409

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: Edward Dicker 5/6/08
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 September 12, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LIPSON, MILTON 8141 CASSIA DR. BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITELAW, WILLIAM 7146 LE CHALET BLVD. BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SORIN, JACK 8142 MIMOSA PLACE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE, LARRY 8140 MIMOSA PLACE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LERNER, SANDRA 7229 SWEET BAY CT BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YAFFE, MICHAEL 8045CASSIA DR. BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 6/18/08 734 3908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #