

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 009 ****61.25

DOCUMENT # N23692

1. Entity Name
HAMPSTEAD RIVERFRONT VILLAS OWNERS
ASSOCIATION, INC.



Principal Place of Business
3617 CROWN POINT RD
STE 8
JACKSONVILLE, FL 32257 US

Mailing Address
3617 CROWN POINT RD
STE 8
JACKSONVILLE, FL 32257 US

50005118



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2808562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOCKLE, KATHY
3617 CROWN POINT RD
STE 8
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent
Name: **BRYAN CANTRELL / Signature Realty + management**
Street Address (P.O. Box Number is Not Acceptable):
4003 Hartley Rd
City: **JACKSONVILLE** FL Zip Code: **32257**

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]* DATE: **2/28/06**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GEFEN, SIDNEY	
STREET ADDRESS	6740-108 EPPING FOREST WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PAGE, GERALDINE	
STREET ADDRESS	6740 107 EPPINA FOREST WAY N	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, WALTER	
STREET ADDRESS	6740-106 EPPING FOREST WAY NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEFEN, SIDNEY	
STREET ADDRESS	6740-108 EPPING FOREST WAY N	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	DT, CHERRY, RON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6740-108 EPPING FOREST WAY N	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	DS, HUCKLE, MICHELLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6740-108 EPPING FOREST WAY N	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
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		

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 an other like empowered.

SIGNATURE: *[Signature]* 3/3/06 904 7337311
Date Daytime Phone #