## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N28972

(0)

THE HAMPTONS	<b>TOWNHOME</b>	<b>BUILDING K</b>	ASSOCIATION,	IN
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Mailing Address Principal Place of Business 7139 N NINTH AVE 7139 N NINTH AVE \$101 3a. Date of Last Report PENSACOLA FL 32504 3. Date Incorporated or Qualified PENSACOLA FL 32504 05/01/1995 US 10/24/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3093780 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MICKELSON, PATRICIA 7139 N NINTH AVE 83 S101 85 Zip Code 84 City PENSACOLA FL 32504

11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida-Such; change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am

or registered familiar with	d agent, or both, in the State of Florida. Such change was , and accept the obligations of Section 617.0503, Florida	Statutes.	g Corporation a be	Series of Greekers (1995)		
	116-17508222		red Agent signature regi	nired when ranslating) DATE		
5	ignature typical or printed name of registered agent and the fliappinable OFFICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A		(S IN 12
12.	MIDE.	LETE 1.1		P/D	☐ Change	X Addition
TITLE	r		2 NAME	Annamaria Richman		
NAME	MC BRIER, MIE	13	STREET ADDRESS	601 E Burgess Rd. #I-1		
STREET ADDRESS	P.O. BOX 15048 N/A			Pensacola, Fl 32504		G
CITY-ST-ZIP	PENSACOLA FL 32514			D	Change	neitibbA 🔀
TITLE	1		2 NAME	Bill Nalolny		
NAME	MORGAN, DAVE	23	3 STREET ADDRESS	601 E Burgess Rd. #I-	11	
STREET ADDRESS	601 E. BURGESS RD. K-5 PENSACOLA FL 32514		4 CITY - ST - ZIP	Pensacola, Fl. 32504		PM A Janie -
CITY-ST-ZIP			1 TITLE	D.	Change	Addition
TITLE	S TIMPLIN, DALE		2 NAME	Joe Delnayer	,	
NAME	601 E BURGESS RD K5	3:	3 STREET ADDRESS	601 E Burgess Rd. #D-	- J	
STREET ADDRESS	PENSACOLA FL 32514	3	4. CITY-SE-ZIF	Pensacola, Fl. 32504	f 7 6:	<b>□</b> 3 3 3 3 5
CiTY-ST-ZIP	D XIDE	ELETE 4	1 TITLE	D	Change	Addition
TITLE	CORRIGAN, JAMES	4	1.2 NAME	Mildred Christian	_	
NAME	601 E BURGESS RD J5	4.	L3 STREET ADDRESS	601 E Burgess Rd.#A-6	5	
STREET ADDRESS		4	1.4 CITY - ST-ZIP	Pensacola, Fl 32504		Table 4 a a a a a a a
CITY-ST-ZIP	PENSACOLA FL   D	DELETE 5	S 1 TITLE	V/D	☐ Change	Addition
TITLE	יי		5.2 NAME	jim Weber	_	
NAME	SMITH, SUSAN 3045 WINDEMERE DR.	5	5 3 STREET ADDRESS	601 E Burgess Rd. #D.	- 7	
STREET ADDRESS		5	5 4 CITY - ST - ZIP	Pensacola, Fl 32504		Finance
CITY - ST - ZIP	PENSACOLA FL D	DELETE 6	6 1 TITLE		☐ Change	Addition
TITLE		1 6	62 NAME			
NAME	RUSSELL, JOHN	,	6 3 STREET ADDRESS			
STREET ADDRESS	7936 DATMOOR CT.		6.4 CITY - ST - ZIP	110 07/9//h		Ann If also
OUTLY OF THE	PENSALURATE			11 - Casten 110 07(3)(b	<ol> <li>Florida Stati.</li> </ol>	ites injutiler

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if under under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if under under certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certification in the certification of the composition of the exemption of the

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR manere

Annamaria Prohmand 5/10/46 904-434-3585