
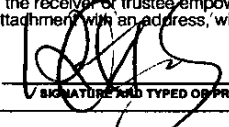


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90203 039 \*\*\*\*61.25

<b>DOCUMENT # N28972</b> 1. Entity Name <b>THE HAMPTONS TOWNHOME BUILDING K ASSOCIATION, INC.</b>					
Principal Place of Business <b>3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503</b>			Mailing Address <b>3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3093780</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ETHERIDGE, KEVIN 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DUNAYER, JOSEPH 601 E BURGESS ROAD D-3 PENSACOLA, FL 32504</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Hargrave, David 601 E. Burgess Rd 5-9 Pensacola, FL 32504</b>
<b>P NADOLNY, BILL 324 S. 61ST AVENUE PENSACOLA, FL 32506</b>		<input checked="" type="checkbox"/> Delete		<b>VPD Pyle, Tahnja 601 E. Burgess Rd F-3 Pensacola, FL 32504</b>	
<b>D MCBRIER, MIKE 601 EAST BURGESS RD., UNIT J-1 PENSACOLA, FL 32504</b>		<input type="checkbox"/> Delete		<b>P.O. Box 15048 Pensacola, FL 32514</b>	
<b>VPD WEBER, JAMES 601 E BURGESS RD. #D-7 PENSACOLA, FL 32504</b>		<input type="checkbox"/> Delete		<b>D</b>	
<b>SD STRADER, RUTH 601 EAST BURGESS B-3 PENSACOLA, FL 32504</b>		<input checked="" type="checkbox"/> Delete		<b>SD Chamberlain, Ethel 601 E. Burgess Rd F-1 Pensacola, FL 32504</b>	
<b>D WATSON, MAX 601 E. BURGESS RD., #1-6 PENSACOLA, FL 32504</b>		<input type="checkbox"/> Delete		<b>TD</b>	
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.					
<b>SIGNATURE:</b> 			Date <b>4-21-06</b> Daytime Phone # <b>850-434-3585</b>		