

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35515

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE HAMPTONS OF ORLANDO COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3085953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, CHARLES W
Address: 1411 SHELTER ROCK ROAD
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: TAYLOR, ALAN B
Address: 1224 SHELTER ROCK ROAD
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: BUDOWSKI, MICHAEL
Address: 1447 SHELTER ROCK ROAD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUDOWSKI, MICHAEL M
Address: 1447 SHELTER ROCK ROAD
City-St-Zip: ORLANDO, FL 32835

Title: ST (X) Change () Addition
Name: TAYLOR, ALAN B
Address: 1224 SHELTER ROCK ROAD
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: JOHNSON, CHARLES W
Address: 1411 SHELTER ROCK ROAD
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M BUDOWSKI

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date