FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # N37611 (3)

1. Corporation Name
THE HAMPTON GLEN AT DEERWOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8515 HAMPTON RIDGE BOULEVARD JACKSONVILLE FL 32256	8515 HAMPTON RIDGE BOULEVARD JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3020967 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIMON, BERT C.
1600 PRUDENTIAL DRIVE
SUITE #203
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Karen M. Connell
82 Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street
83: Suite 3300
84 City: Jacksonville FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen M. Connell — 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	BURR, EDWARD E.	1.2 NAME	PAT FULTON	
STREET ADDRESS	8515 HAMPTON RIDGE BLVD.	1.3 STREET ADDRESS	8515 HAMPTON RIDGE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAX FL 32256	
TITLE	VD	2.1 TITLE	VICE PRESIDENT D	☒ Change ☐ Addition
NAME	SHEA, TIMOTHY G.	2.2 NAME	~~STEPHEN LANGE~~ JAMES SHOEMAKER	
STREET ADDRESS	8515 HAMPTON RIDGE BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	SAME	
TITLE	STD	3.1 TITLE	TREASURER D	☒ Change ☐ Addition
NAME	KEARNEY, ROBERT D.	3.2 NAME	JAMES A MOODY	
STREET ADDRESS	8515 HAMPTON RIDGE BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	SAME	
TITLE		4.1 TITLE	SECRETARY D	☐ Change ☒ Addition
NAME		4.2 NAME	KAREN CONNELL	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SAME	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

AL 3/20

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)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Moody JAMES A MOODY — 1/17/95 — 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #