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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3. Date Incorporated or Qualified

04/12/1990

4. FEI Number

59-3020967

Applied For

Not Applicable

2. Principal Place of Business
21 Hampton Glen
at Deerwood
Suite, Apt. #, etc.

2a. Mailing Address
26 8515 Hampton Ridge
Bldv.

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

22 City & State
23 Jacksonville FL

27 City & State
28 Jacksonville, FL

24 Zip 32256 25 Country Duval

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNELL, KAREN M
50 NORTH LAURA STREET
SUITE 3300
JACKSONVILLE FL 32202

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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 VPD
NAME NICHOLS, JOSEPH
STREET ADDRESS 8515 HAMPTON RIDGE RD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE P
1.2 NAME John Bowling
1.3 STREET ADDRESS 10345 Heather Glen Drive
1.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE TD
NAME DICKINSON, GEORGE
STREET ADDRESS 8515 HAMPTON RIDGE BLVD
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE TD
2.2 NAME James A. Moody
2.3 STREET ADDRESS 8641 Autumn Green Drive
2.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE Secretary
NAME
STREET ADDRESS 8515 HAMPTON RIDGE BLVD
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE S
3.2 NAME Sheri Sing-Smith
3.3 STREET ADDRESS 8501 Heather Run Drive North
3.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VP
4.2 NAME Paula Fay
4.3 STREET ADDRESS 8521 Hunters Creek Drive North
4.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 A. Moody

3/30/98 904 3639077

CR2E037 (10/97)