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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37611**

1. Corporation Name

THE HAMPTON GLEN AT DEERWOOD ASSOCIATION, INC.

* 107274 - 90049 - 7 *

Principal Place of Business	Mailing Address
C/O HAMPTON GLEN AT DEERWOOD 8515 HAMPTON RIDGE BLVD. JACKSONVILLE FL 32256	8515 HAMPTON RIDGE BLVD. JACKSONVILLE FL 32256

2. Principal Place of Business 21 Hampton Glen at Deerwood	2a. Mailing Address 8515 Hampton Ridge Boulevard	3. Date Incorporated or Qualifed 04/12/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3020967 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Jacksonville, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32256 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOWLING, JOHN		1.2 NAME	
STREET ADDRESS	10345 HEATHER GLEN DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOODY, JAMES A		2.2 NAME	
STREET ADDRESS	8641 AUTUMN GREEN DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SING-SMITH, SHERI		3.2 NAME	
STREET ADDRESS	8501 HEATHER RUN DRIVE NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FAY, PAULA		4.2 NAME	
STREET ADDRESS	8521 HUNTERS CREEK DRIVE NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: James A Moody **REQUIRED** James A Moody 1/9/99 904 363 9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)