

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90057 033 *****61.25

DOCUMENT # N37611 1. Entity Name THE HAMPTON GLEN AT DEERWOOD ASSOCIATION, INC.	
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Principal Place of Business HAMPTON AT DEERWOOD 8515 HAMPTON RIDGE BLVD. JACKSONVILLE FL 32256	Mailing Address 8515 HAMPTON RIDGE BLVD. JACKSONVILLE FL 32256
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30030318



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3020967	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JENKS, THOMAS 200 WEST FORSYTH STREET, SUITE 1400 JACKSONVILLE FL 32202-4327
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

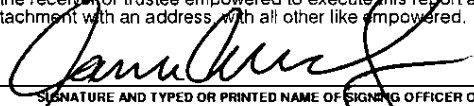
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARN, SUE 10255 HEATHER GLEN DRIVE SOUTH JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOODY, JAMES A 8641 AUTUMN GREEN DRIVE JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADLOFF, JAMES 8657 PEBBLE CREEK LANE JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, WAYNE 8611 PEBBLE CREEK LANE JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James A. Moody** Date _____ Daytime Phone # _____