2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90051 004 ****61.25

DOCUMENT # N37611

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

Principal Place of Business	Mailing Address
HAMPTON AT DEERWOOD 8515 HAMPTON RIDGE BLVD. JACKSONVILLE, FL 32256	8515 HAMPTON RIDGE BLVD. JACKSONVILLE, FL 32256

400726[illegible]

02132008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3020967
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENKS, THOMAS ADDRESS CHANGED
200 WEST FORSYTH STREET, SUITE 1400
JACKSONVILLE, FL 32202-4327

NEW:
Jenks., Thomas
245 Riverside Ave.#400 Jacksonville FL 32202

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	KARN, SUE CHANGE
STREET ADDRESS	10255 HEATHER GLEN DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	TD
NAME	MOODY, JAMES A
STREET ADDRESS	8641 AUTUMN GREEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	PD
NAME	RADLOFF, JAMES
STREET ADDRESS	8657 PEBBLE CREEK LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VPD
NAME	MELLO, TED
STREET ADDRESS	8700 SOUTHERN GLEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	S NEW
NAME	Debbie Harrison
STREET ADDRESS	8646 Pebble Creek Lane
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 4/7/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #