## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37611

FILED Jan 1<u>2, 200</u>9 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** HAMPTON AT DEERWOOD 8515 HAMPTON RIDGE BLVD. JACKSONVILLE, FL 32256 **New Mailing Address: Current Mailing Address:** 8515 HAMPTON RIDGE BLVD. JACKSONVILLE, FL 32256 FEI Number: 59-3020967 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOMCHIN & ODOM, P.A. 6816 SOUTHPOINT PARKWAY - SUITE 400 JACKSONVILLE, FL 32216 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete KARN, SUE HARRISON, DEBORAH Name: Name: Address: 10255 HEATHER GLEN DRIVE SOUTH Address: 8646 PEBBLE CREEK LANE City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: () Change () Addition Name: MOODY, JAMES A Name: Address: 8641 AUTUMN GREEN DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: () Change () Addition RADLOFF, JAMES Name: Name: 8657 PEBBLE CREEK LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: ( ) Delete Title: VPD Title: () Change () Addition Name: MELLO, TED Name: 8700 SOUTHERN GLEN DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. MOODY TD 01/12/2009