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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48175 (6)**

1. Corporation Name

HAMPTON LAKES LOT OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% NATIONAL BANK OF LEE COUNTY
1530 HEITMAN ST.
FT. MYERS FL 33901

% NATIONAL BANK OF LEE COUNTY
1530 HEITMAN ST.
FT. MYERS FL 33901-3004

3. Date Incorporated or Qualified
04/02/1992

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 **HEINZ AUTOPILOTS, INC**

26 **19190 SAN CARLOS BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2**

27 **2**

City & State

City & State

23 **FT. MYERS BEACH, FL**

28 **FT. MYERS BEACH, FL**

24 **33931**

25 **LEE**

29 **33931**

30 **LEE**

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNCAN, GORDON R.
1601 JACKSON ST.
SUITE 101
FT. MYERS FL 33901

81 Name **ROXANNE BUHRIG**

82 Street Address (P.O. Box Number is Not Acceptable)
90 HEINZ AUTOPILOTS, INC.

83 **19190 SAN CARLOS BLVD.**

84 City **FT. MYERS BEACH** FL 85 Zip Code **33931**

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 **Roxanne Buhrig**

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 **DPAT**
NAME **SHERMAN, CRAIG**
STREET ADDRESS **1530 HEITMAN ST.**
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE **D - PRES**
1.2 NAME **LEONARD S. MC DANIEL**
1.3 STREET ADDRESS **14301 HAMPTON LAKE**
1.4 CITY-ST-ZIP **FT. MYERS**

TITLE **D**
NAME **ACKERT, RICHARD A.**
STREET ADDRESS **1530 HEITMAN ST.**
CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE **D - TREAS.**
2.2 NAME **ROXANNE BUHRIG**
2.3 STREET ADDRESS **14421 PINE LILY DR**
2.4 CITY-ST-ZIP **FT. MYERS, FL. 33908**

TITLE **D**
NAME **ROBBINS, DAVID L.**
STREET ADDRESS **1530 HEITMAN ST.**
CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE **D - SEC**
3.2 NAME **NAN SAMPSEL**
3.3 STREET ADDRESS **14471 PINE LILY DR.**
3.4 CITY-ST-ZIP **PORT MYERS FL 33908**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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: **Roxanne Buhrig**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0055612**

CR2E037 (9/96)