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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N48175

1. Corporation Name
HAMPTON LAKES LOT OWNERS ASSOCIATION, INC.

373865 - 90064 - 40

Principal Place of Business	Mailing Address
ROXANNE BUHRIG C/O HEINZ AUTO PILOTS INC #2 FT. MYERS FL 33931 US	19190 SAN CARLOS BLVD 2 FT MYERS BCH FL 33931 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 04/02/1992

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

9. Name and Address of Current Registered Agent

BUHRIG, ROXANNE
C/O HEINZ AUTO PILORS INC
19190 SAN CARLOS BLVD
FT MYERS BCH FL 33931

10. Name and Address of New Registered Agent

81 Name: SAME
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: Roxanne Buhrig ROXANNE BUHRIG PRESIDENT DATE: 1/1/99
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	DP	☐ DELETE	1.1 TITLE	PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	DUNHAM, THOMAS		1.2 NAME	ROXANNE BUHRIG	
STREET ADDRESS	14390 PINE LILY DR		1.3 STREET ADDRESS	14421 PINE LILY DR	
CITY-ST-ZIP	FT MYERS FL 33908		1.4 CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	DT	☒ DELETE	2.1 TITLE	VICE PRESIDENT - DIRECTOR	☒ Change ☐ Addition
NAME	BUHRIG, ROXANNE		2.2 NAME	NAN SAMPSEL	
STREET ADDRESS	14421 PINE LILY DR		2.3 STREET ADDRESS	14471 PINE LILY DR	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	FT. MYERS FL. 33908	
TITLE	SD	☒ DELETE	3.1 TITLE	SECRETARY - DIRECTOR	☒ Change ☐ Addition
NAME	SAMPSEL, NAN		3.2 NAME	K.T. BARTLETT	
STREET ADDRESS	14471 PINE LILY DR		3.3 STREET ADDRESS	14451 PINE LILY DR	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE		☐ DELETE	4.1 TITLE	TREASURER - DIRECTOR	☒ Change ☐ Addition
NAME			4.2 NAME	ALLISON GLORIOSO	
STREET ADDRESS			4.3 STREET ADDRESS	10100 FOREST RIVER LANE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	FT. MYERS, FL. 33908	
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: Roxanne Buhrig ROXANNE BUHRIG 1/1/99 941-463-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #