2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90074 048 ****61.25

DOCUMENT # N48175

1. Entity Name

HAMPTON LAKES LOT OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROXANNE BUHRIG C/O 9411 CYPRESS LAKE DRIVE STE 2 FT. MYERS FL 33931 US	ROXANNE BUHRIG C/O 9411 CYPRESS LAKE DRIVE STE 2 FT. MYERS FL 33931 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Henke Property Mngt.	c/o Henke Property Mngt
Suite, Apt. #, etc.: Le213-A Presidential Court	Suite, Apt. #, etc.: Le213A Presidential Court
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

4. FEI Number 65-0949324 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
W.W. SCHOO MANAGEMENT INC. 9411 CYPRESS LAKE DRIVE STE 2 FORT MYERS FL 33919	Name: Henke, Carol J Street Address (P.O. Box Number is Not Acceptable): Le213-A Presidential Court City: Fort Myers FL Zip Code: 33919

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.

SIGNATURE: Carol J Henke 4-4-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUHRIG, ROXANNE 14421 PINE LILY DR FT MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEN DELAQUILA 14400 HAMPTON LAKES COURT FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SAMPSEL, NAN 14471 PINE LILY DR FT MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TOM DUNHAM 14391 PINE LILY DRIVE FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARTLETT, K. T. 14451 PINE LILY DR FT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GLORIOSO, ALLISOM 10100 FOREST RIVER LN FT MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PAUL ATKINSON 14401 PINE LILY DRIVE FORT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Ken Delaquila Ken DeLaquila 4-9-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #