

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48175

1. Entity Name

HAMPTON LAKES LOT OWNERS ASSOCIATION, INC.

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90359 023 ****61.25

0046824

Principal Place of Business

Mailing Address

C/O HENKE PROPERTY MGMT
6213-4 PRESIDENTIAL COURT
FORT MYERS FL 33919
US

C/O HENKE PROPERTY MGMT
6213-4 PRESIDENTIAL COURT
FORT MYERS FL 33919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

HENKE, CAROL J
6213-4 PRESIDENTIAL COURT
FORT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 PD
NAME DELAQUILA, KEN ☒ Delete
STREET ADDRESS 14400 HAMPTON LAKES COURT
CITY-ST-ZIP FT MYERS FL 33908

TITLE PD
NAME Atkinson, Paul ☒ Change ☐ Addition
STREET ADDRESS 14401 Pine Lily Dr.
CITY-ST-ZIP Fort Myers, FL 33908

TITLE VP
NAME DUNHAM, TOM ☒ Delete
STREET ADDRESS 14391 PINE LILY DRIVE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE TD
NAME Boyle, Linda ☐ Change ☒ Addition
STREET ADDRESS 14411 Pine Lily Dr
CITY-ST-ZIP Fort Myers, FL 33908

TITLE SD
NAME BARTLETT, K. T. ☐ Delete
STREET ADDRESS 14451 PINE LILY DR
CITY-ST-ZIP FT MYERS FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME ATKINSON, PAUL ☒ Delete
STREET ADDRESS 14401 PINE LILY DRIVE
CITY-ST-ZIP FT MYERS FL 33908

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

941-437-2555

Date

Daytime Phone

CR2E037 (9/01)