2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48175

FILED Mar 24, 2006 Secretary of State

Entity Name: HAMPTON LAKES LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 65-0949324 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:

HART, JAMES W JR. C/O SENTRY MANAGEMENT INC 2180 W. SR 434, STE. 5000 LONGWOOD, FL 327795044 US

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:

 Title:
 TD () Delete
 Title:
 VPD (X) Change () Addition

 Name:
 CHRISTO, GEORGE
 Name:
 CHESTER, JEFF

 Address:
 14330 HAMPTON LAKES CT
 Address:
 14500 PINE LILY DR

 City-St-Zip:
 FT MYERS, FL 33908
 City-St-Zip:
 FT MYERS, FL 33908

Title: SVD () Delete Title: TD (X) Change () Addition

 Name:
 BARTLETT, K. T.
 Name:
 STANFORD, NAN

 Address:
 14451 PINE LILY DR
 Address:
 14471 PINE LILY DR

 City-St-Zip:
 FT MYERS, FL 33908
 City-St-Zip:
 FT MYERS, FL 33908

Title: PD () Delete Title: () Change () Addition

 Name:
 RUBY, SCOTT
 Name:

 Address:
 14520 PINE LILY DRIVE
 Address:

 City-St-Zip:
 FT MYERS, FL 33908
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT RUBY PD 03/24/2006