2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# N48175

Entity Name: HAMPTON LAKES LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

TOTAL COMMUNITY MANAGEMENT
14500 PINE LILY DRIVE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

TOTAL COMMUNITY MANAGEMENT
14400 HAMPTON LAKES COUR
CAPE CORAL, FL 33904 US

Current Mailing Address:

608 SE 30 LANE
FT. MYERS, FL 33908 US

New Mailing Address:

608 SE 30 LANE
FT. MYERS, FL 33904 US

FEI Number: 65-0949324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOTAL COMMUNITY MANAGEMENT CORP
608 SE 30 LANE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: CHESTER, JEFF
Address: 14500 PINE LILY DR
City-St-Zip: FT MYERS, FL 33908

Title: VD ( ) Delete
Name: STANFORD, NAN
Address: 14471 PINE LILY DR
City-St-Zip: FT MYERS, FL 33908

Title: TD ( ) Delete
Name: DELAQUILA, KENNETH
Address: 14400 HAMPTON LAKES CT
City-St-Zip: FT MYERS, FL 33908

Title: SD ( ) Delete
Name: FOSS, TERESA
Address: 14410 HAMPTON LAKES CT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOSS, THERESA
Address: 14401 HAMPTON LAKES CT.
City-St-Zip: FT MYERS, FL 33908

Title: VD (X) Change ( ) Addition
Name: BARTLETT, KAY
Address: 14471 PINE LILY DR
City-St-Zip: FT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GAMP, MICHAEL
Address: 14391 HAMPTON LAKES CT
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH DELAQUILA TD 02/01/2009

Electronic Signature of Signing Officer or Director — Date