

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 028 ****61.25

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1. Entity Name
HAMPTON RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**5341 SW 91 TERRACE, STE A
GAINESVILLE, FL 32608**

Mailing Address
**PO BOX 14121
GAINESVILLE, FL 32604**

50011897



2. Principal Place of Business

9116 SW 51ST ROAD

Suite, Apt. #, etc.

102 B

3. Mailing Address

Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

GAINESVILLE FL

City & State

4. FEI Number
59-3375242

Applied For
Not Applicable

Zip

32608

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**MEDINA, RICK
5330 SW 91 TERRACE
GAINESVILLE, FL 32608**

9116 SW 51ST ROAD, 102 B

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCTIERNAN, MICHAEL ☐ Delete
STREET ADDRESS 11623 SW 6 LANE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE VPTD
NAME SALTER, DAVID ☐ Delete
STREET ADDRESS 411 SW 117TH ST
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE SD
NAME SULLIVAN, SEAN ☐ Delete
STREET ADDRESS 11626 SW 6TH LANE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

David Seltn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone #