


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90023 010 ****61.25

DOCUMENT # N95000002250 1. Entity Name HAMPTON RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609			Mailing Address PO BOX 14506 GAINESVILLE, FL 32604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 901 NW 8th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite-A-6			
City & State		City & State Gainesville, Fl. 32601		4. FEI Number 59-3375242	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32601		Country		04292008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WESTON BAUR/ED BAUR MGMT. INC. DBA FLORIDA COMMUNITY MGMT. 1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name Sun Lu Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Avenue Suite A-6 City Gainesville, Fl. 32601 FL Zip Code 32601	
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 <i>Sally Wilson</i> <small>Signature, typed or printed name of registered agent and not applicable.</small>				DATE 4-28-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCTIERNAN, MICHAEL <input type="checkbox"/> Delete 11623 SW 6 LANE GAINESVILLE, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SALTER, DAVID <input type="checkbox"/> Delete 411 SW 117TH ST GAINESVILLE, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, SEAN <input type="checkbox"/> Delete 11626 SW 6TH LANE GAINESVILLE, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Michael McTiernan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-28-08 <small>Daytime Phone #</small>	