

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002400

FILED
Apr 18, 2005
Secretary of State

Entity Name: PROPERTY OWNERS ASSOCIATION OF HAMPTON HILLS, INC.

Current Principal Place of Business:

1620 N. ABALONE TER.
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 959
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, ERIC D
74 W. CHASE STREET
HERNANDO, FL 34442 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: DP () Delete
Name: BROOKS, KEVIN MR
Address: 1620 N ABALONE TER.
City-St-Zip: HERNANDO, FL 34442

Title: DV () Delete
Name: DENNY, SHEREE MRS
Address: 164 W CHASE ST
City-St-Zip: HERNANDO, FL 34442

Title: DT () Delete
Name: WALL, ROBERT A MR
Address: 229 W. BRITAIN ST.
City-St-Zip: HERNANDO, FL 34442

Title: DS () Delete
Name: SIMON, PATRICK MR
Address: 681 W BRITAIN ST
City-St-Zip: HERNANDO, FL 34442

Title: DD () Delete
Name: JAVIER, RACHAEL MRS
Address: 1516 N BOWMAN TER.
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: DENNY, SHEREE MRS
Address: 164 W CHASE ST
City-St-Zip: HERNANDO, FL 34442

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

Title: DD (X) Change () Addition
Name: SIMON, PATRICK MR
Address: 681 W BRITAIN ST
City-St-Zip: HERNANDO, FL 34442

Title: DV (X) Change () Addition
Name: JAVIER, RACHAEL MRS
Address: 1516 N BOWMAN TER.
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT A. WALL

DT

04/18/2005

Electronic Signature of Signing Officer or Director

Date