

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002400

FILED
Mar 16, 2008
Secretary of State

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

Current Principal Place of Business:

229 W BRITAIN ST
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: MALLEY, ALEX MR
Address: 601 N INDIANAPOLIS
City-St-Zip: HERNANDO, FL 34442

Title: DV () Delete
Name: MCCOY, PATRICIA MRS
Address: 453 W BRITAIN 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: MALLEY, LEAH MRS
Address: 601 N INDIANAPOLIS
City-St-Zip: HERNANDO, FL 34442

Title: DD () Delete
Name: GRIFFIN, ALEX MR
Address: 1309 N ABALONE TER.
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GRIFFIN, ALEX MR
Address: 1309 N ABALONE TER.
City-St-Zip: HERNANDO, FL 34442

Title: DV (X) Change () Addition
Name: LEDERER, JOHN MR
Address: 1365 N ABALONE TER
City-St-Zip: HERNANDO, FL 34442

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

Title: DS (X) Change () Addition
Name: MCCOY, PATRICIA MRS
Address: 453 W BRITAIN ST
City-St-Zip: HERNANDO, FL 34442

Title: DD (X) Change () Addition
Name: PARIKH, BHARAT DR.
Address: 657 W BRITAIN ST
City-St-Zip: HERNANDO, FL 34442

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: ROBERT A WALL

DT

03/16/2008

Electronic Signature of Signing Officer or Director

Date