2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002400

FILED Apr 15, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1670 N. BOWMAN TERR. HERNANDO, FL 34442 US **Current Mailing Address: New Mailing Address:** P.O. BOX 959 HERNANDO, FL 34442 US **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABEL, ERIC D 74 W. CHASE STREET HERNANDO, FL 34442 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MALLEY, ALEXANDER MALLEY, ALEXANDER MR Name: Name: 1670 N. BOWMAN TR. Address: 1670 N. BOWMAN TR. Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442 Title: () Delete Title: (X) Change () Addition DECLERNE, KATRINA DECLEENE, KATRINA MRS Name: Name: Address: 1324 NICIRCUS TER Address: 1324 N. CIRCUS TER City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442 Title: () Delete Title: (X) Change () Addition AIZWALL, ROBERT WALL, ROBERT A MR Name: Name: 229 W. BRITAIN ST. 229 W. BRITAIN ST. Address: Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442 Title: DS Title: DS (X) Change () Addition () Delete CHARLES, CLAREL DR. Name: CHARLES, CHAREL DR. Name: Address: 527 W. CHASE ST Address: 527 W. CHASE ST City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442 Title: () Delete Title: () Change (X) Addition MINNELLI, DOMINIC MR Name: Name: 304 W CHASE ST Address: Address: City-St-Zip: 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 04/15/2003