2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002509

FILED Apr 25, 2009 Secretary of State

Entity Name: HAMPSTEAD PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 **New Mailing Address: Current Mailing Address:** 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 FEI Number: 59-3385094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRIPPE REALTY MGMT INC CONNER, SARAH AGENT 5208 SW 91ST DR 5208 SW 91ST DR SUITE D SUITE D GAINESVILLE, FL 32608 US GAINESVILLE, FL 32608 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: SARAH CONNER, AGENT 04/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VAUDREUIL, JEFFEREY Name: Name: 9425 SW 31ST LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: () Delete Title: DV (X) Change () Addition SCAFUTI, JOSEPH Name: SCAFUTI, JOE Name: Address: 9425 SW 31ST LANE Address: 9427 SW 31ST LANE City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: (X) Change () Addition FORTHER, THOMAS MAIER, KARIN Name: Name: 3010 SW 98TH DR 3212 SW 98TH DRIVE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: (X) Change () Addition ACKLEY, JUDITH Name: Name: LUCAS, MICHAEL D Address: 9447 SW 31ST LANE Address: 8614 SW 34TH AVE City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: (X) Change () Addition LUCAS, MICHAEL MCINTYRE, PAMELA Name: Name:

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.

Address:

City-St-Zip:

8704 SW 39TH LANE

GAINESVILLE, FL 32608

SIGNATURE: MICHAEL LUCAS PRES 04/25/2009

8614 SW 34TH AVENUE

GAINESVILLE, FL 32608

Address:

City-St-Zip: