
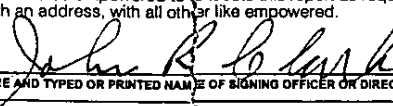


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90234 026 ****61.25

DOCUMENT # N96000005149 1. Entity Name EAST HAMPTON HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084			Mailing Address 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3446915	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HERREN, JANICE L C/O THE NEIGHBORHOOD MGRS., INC. 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRON, MARY		NAME	LUIS ALEJANDRO	
STREET ADDRESS	10480 CRESTON GLEN CIRCLE		STREET ADDRESS	9374 MIDDLEBURY GLEN CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VP/T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANER, ERIC		NAME	BEVERLY HOUGH	
STREET ADDRESS	9349 TRAMORE GLEN COURT		STREET ADDRESS	8553 ETHANS GLEN TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE FL, 32256	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCULLOUGH, RICHARD		NAME	TOM KING	
STREET ADDRESS	9324 TRAMORE GLEN CT		STREET ADDRESS	8836 HAMPTON LANDING DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARE, LYNDI		NAME	LISA ROBINSON	
STREET ADDRESS	10472 CRESTON GLEN CIRCLE		STREET ADDRESS	10643 CRESTON GLEN EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE FL, 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROZIK, MARY		NAME		
STREET ADDRESS	10482 CRESTON GLEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JOHN		NAME		
STREET ADDRESS	10504 CRESTON GLEN COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
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: 			03/29/06 904-519-6720		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50017007



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