

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90102 020 \*\*\*\*61.25

<b>DOCUMENT # N96000005149</b>					
<b>1. Entity Name</b> EAST HAMPTON HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084			<b>Mailing Address</b> 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084		
<b>2. Principal Place of Business - No P.O. Box #</b> 1555 Central Pkwy Suite Apt. #, etc. 603		<b>3. Mailing Address</b> 1555 Central Pkwy Suite Apt. #, etc. 603			
<b>City &amp; State</b> Jacksonville, FL Zip 32224		<b>City &amp; State</b> Jacksonville, FL Zip 32224		<b>4. FEI Number</b> 59-3446915	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HERREN, JANICE L C/O THE NEIGHBORHOOD MGRS., INC. 79 MASTERS DRIVE ST. AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name: Katie Hollis / C/O Sterling Management Street Address (P.O. Box Number is Not Acceptable): 1555 Central Parkway, Suite 603 City: Jacksonville FL Zip Code: 32224		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>04/12/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ALEJANDRO, LUIS 9374 MIDDLEBURY GLEN CT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> TIMOTHY O'SHEA 10596 CRESTON GLEN CIRE JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T</b> LANER, ERIC 9349 TRAMORE GLEN COURT JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> LANER, ERIC 9349 Tramore Glen Court Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MCCULLOUGH, RICHARD 9324 TRAMORE GLEN CT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE President</b> TERRY TRONZ 8856 HAMPSHIRE GLEN CT JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ROBINSON, LISA 10843 CRESTON GLEN EAST JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> Denise Buck-Mangels 10519 Creston Glen Circle Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HOUGH, BEVERLY 8553 ETHANS GLEN TERRACE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>NIKI LAWRENCE</b> 10587 ROUNDWOOD GLENN COURT JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CLARK, JOHN 10504 CRESTON GLEN COURT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> John M. Waddell 10468 Creston Glen Cir E Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/10/07</u> Daytime Phone #: <u>904 224-0535</u>		