
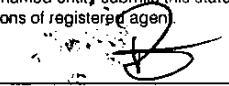
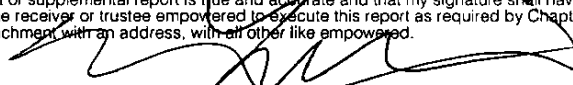


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90111 029 \*\*\*\*61.25

<b>DOCUMENT # N96000005149</b>					
1. Entity Name <b>EAST HAMPTON HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>11555 CENTRAL PKWY 603 JACKSONVILLE, FL 32224</b>			Mailing Address <b>11555 CENTRAL PKWY 603 JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3446915</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOLLIS, KATIE C/O STERLING MGMT. 11555 CENTRAL PKWY, STE. 603 JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent  Name <b>Ronald Cotterell</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 N. Florida Ave.</b> City <b>Tampa</b> FL Zip Code <b>33602</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.					
SIGNATURE 		<b>Ronald Cotterell</b>		DATE <b>4-17-08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'SHEA, TIMOTHY 10596 CRESTON GLEN CIR. E JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANER, ERIC 9349 TRAMORE GLEN COURT JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Laner, Eric 9349 Tramore Glen Court Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROMTT, TEARY 8050 HARPER GLEN CT. JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Terry Troutt 8050 Harpers Glen Ct. Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK-BANGELS, DENISE 10517 CRESTON GLEN CIR. E. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, NIKI 10587 ROUNDWOOD GLEN CIR. E JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADDELL, JOHN 10469 CRSTON GLEN CIR. E JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Waddell, John 10469 Creston Glen Cir East Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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 an other like empowered.					
SIGNATURE: 		Date <b>3/19/08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			