

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90060 022 ****61.25

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1. Entity Name
THE HAMPTON'S NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**800 S. DILLARD STREET
WINTER GARDEN, FL 34787 US**

Mailing Address
**800 S. DILLARD STREET
WINTER GARDEN, FL 34787 US**

60011805



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0747724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, JULI
800 S. DILLARD ST
WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME ASH, GAIL
STREET ADDRESS 3912 PAYTON COURT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ~~VP~~ ☐ Delete
NAME YAZLUK, RICHARD W
STREET ADDRESS 2119 ST IVES CT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE SD ☒ Delete
NAME FLOYD, MARQUETTE
STREET ADDRESS 2115 ST. IVES CT.
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D ☐ Delete
NAME MCFADDEN, ROSINA
STREET ADDRESS 3919 SCARBOROUGH CT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE TD ☐ Delete
NAME SCHLEY, HERBERT
STREET ADDRESS 2151 ST IVES COURT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME Shirley O. Stroble
STREET ADDRESS 3813 Scarborough Ct
CITY-ST-ZIP Clermont FL 34711

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME John Devine
STREET ADDRESS 2146 St Ives Ct
CITY-ST-ZIP Clermont FL 34711

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06

Date

352-242-5179

Daytime Phone #