

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001733

1. Entity Name

HAMPTON COURT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

615 HIGHWAY A1A  
SUITE 106  
PONTE VEDRA BEACH FL 32082

PO BOX 805  
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3. Mailing Address

3010 S. Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jacksonville Beach, FL

Zip

Country

Zip

Country

32250

Duval

4. FEI Number

59-3502210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, BOND, & LATSHAW PA  
3010 SOUTH 3RD ST  
JACKSONVILLE BEACH FL 32250

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MCCONDICHIE, HAYNE D  
615 HIGHWAY A1A NO.  
PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
BOWLER, DAVID W  
615 HIGHWAY A1A NO.  
PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATTERSON, LAWRENCE R  
3010 SO 3RD ST  
JACKSONVILLE BEACH FL 32250 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/19/2002

Date

(904) 285-3909

Daytime Phone #

FILED  
May 03, 2002 8:00 am  
Secretary of State

05-03-2002 90041 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)