

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90217 013 ****61.25

DOCUMENT # N98000001882

1. Entity Name

HAMPTON CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

314 NE 3RD STREET
BOYNTON BEACH FL 33435

Mailing Address

314 NE 3RD STREET
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0886968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GELLER, ESQ., JEFFREY S
EDWARDS & ANGELL, LLP
ONE CLEMATIS STREET, SUITE 400
WEST PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name Jeffrey S Geller, Esq
Street Address (P.O. Box Number is Not Acceptable)
46 Etcheverry Harrison LLP
2500 Weston Road Suite 400
City Ft Lauderdale FL Zip Code 33331

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	BUTLER, BRYAN	
STREET ADDRESS	7639 GREAT OAK DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V	<input type="checkbox"/> Delete
NAME	GELLER, JEFFREY	
STREET ADDRESS	7691 OAK GROVE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMLOW, JAMES	
STREET ADDRESS	8650 OAK GROVE CIR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, BRYAN	
STREET ADDRESS	7639 GREAT OAK DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, GARY	
STREET ADDRESS	7526 DOWNWINDS LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEIGER, MATT	
STREET ADDRESS	7534 DOWNWINDS LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>THANLON, James</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>7650 Oak Grove Circle</u>	
CITY-ST-ZIP	<u>LAKE WORTH FL 33467</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Reason, William Austin</u>	
STREET ADDRESS	<u>7531 Oak Grove Circle</u>	
CITY-ST-ZIP	<u>LAKE WORTH FL 33467</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Dieger, Matthew</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>7534 Oak Grove Circle</u>	
CITY-ST-ZIP	<u>LAKE WORTH FL 33467</u>	

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

Date

Daytime Phone #