

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002250

**Entity Name:** HAMPTON RIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

15010 NW 173RD ST  
ALACHUA, FL 32615

**Current Mailing Address:**

P O BOX 969  
ALACHUA, FL 32616 US

**FEI Number:** 59-3375242

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURGESS MANAGEMENT SERVICES, LLC  
BURGESS MANAGEMENT SERVICES, LLC.  
15010 NW 173RD ST  
ALACHUA, FL 32615 US

*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:** SANDRA BURGESS

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name REDFERN, ANN  
Address P O BOX 969  
City-State-Zip: ALACHUA FL 32616

Title DIRECTOR  
Name RAYNER, ANN  
Address P O BOX 969  
City-State-Zip: ALACHUA FL 32616

Title PRESIDENT  
Name LONG, CHRISTIAN  
Address P O BOX 969  
City-State-Zip: ALACHUA FL 32616

Title DIRECTOR  
Name UEDING, BAILEY  
Address P O BOX 969  
City-State-Zip: ALACHUA FL 32616

Title TREASURER  
Name GRACY, DAVID  
Address P O BOX 969  
City-State-Zip: ALACHUA FL 32616

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTIAN LONG

PRESIDENT

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date