

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 727571 (2)**  
1. Corporation Name  
**HAMPSHIRE HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **320 W. LAKEVIEW ST. ORLANDO FL 32804 US**  
Mailing Address: **495 SUNILAND AVE LONGWOOD FL 32750 US**

3. Date Incorporated or Qualified: **09/27/1973**  
3a. Date of Last Report: **03/29/1995**  
4. FEI Number: **59-1504001**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
City & State: 28  
Zip: 24  
Country: 25  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent: **ISLAND COMMUNITY MANAGEMENT INC. 495 SUNILAND AVE C/O GRACE S. 'TONI' WITHERELL LONGWOOD FL 32750**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number Is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: LOCKMYER, MARY STREET ADDRESS: 320 W LAKEVIEW ST #207 CITY-ST-ZIP: ORLANDO, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CRANE, HELEN STREET ADDRESS: 320 W LAKEVIEW ST #215 CITY-ST-ZIP: ORLANDO, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME: <b>D CRANE, HELEN</b> 2.3 STREET ADDRESS: <b>320 W LAKEVIEW STREET, #215</b> 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GAFFNEY, CATHERINE STREET ADDRESS: 320 W. LAKEVIEW ST. #216 CITY-ST-ZIP: ORLANDO, FL 00000	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME: <b>S/D POWELL, CECILIA</b> 3.3 STREET ADDRESS: <b>320 W. LAKEVIEW STREET, #209</b> 3.4 CITY-ST-ZIP: <b>ORLANDO, FL 32804</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: MCCROSKY, DAVID STREET ADDRESS: 861 EAGLE CLAW CT CITY-ST-ZIP: LAKE MARY FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FISHER, ED STREET ADDRESS: 320 W LAKEVIEW ST #202 CITY-ST-ZIP: ORLANDO, FL 00000	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME: <b>V-D FISHER, ED</b> 5.3 STREET ADDRESS: <b>320 W LAKEVIEW STREET, #209</b> 5.4 CITY-ST-ZIP: <b>ORLANDO, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen Crane 2-28-96 (407) 382-8288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)