

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**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/27/1973

3a. Date of Last Report
03/29/1995

4. FEI Number
59-1504001

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

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 **FL** **85** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOCKMYER, MARY	
STREET ADDRESS	320 W LAKEVIEW ST #207	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRANE, HELEN	
STREET ADDRESS	320 W LAKEVIEW ST #215	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GAFFNEY, CATHERINE	
STREET ADDRESS	320 W. LAKEVIEW ST. #216	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCROSKY, DAVID	
STREET ADDRESS	861 EAGLE CLAW CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, ED	
STREET ADDRESS	320 W LAKEVIEW ST #202	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRANE, HELEN
2.3 STREET ADDRESS	320 W LAKEVIEW STREET, #215
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	POWELL, CECILIA
3.3 STREET ADDRESS	320 W. LAKEVIEW STREET, #209
3.4 CITY-ST-ZIP	ORLANDO, FL 32804
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FISHER, ED
5.3 STREET ADDRESS	320 W LAKEVIEW STREET, #209
5.4 CITY-ST-ZIP	ORLANDO, FL 32804
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 (407) 382-8888
Date Daytime Phone #

CR2E037 (12/95)