

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/27/1973	
4. FEI Number 59-1504001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 LOCKMYER, MARY	<input type="checkbox"/> DELETE	1.1 TITLE D
NAME	320 W LAKEVIEW ST #207		1.2 NAME LOCKMYER, MARY
STREET ADDRESS	ORLANDO, FL 00000		1.3 STREET ADDRESS 2511 RONSON AVENUE
CITY-ST-ZIP			1.4 CITY-ST-ZIP ORLANDO, FL 32818
TITLE	D MELINN, CARMEN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD
NAME	320 LAKEVIEW STREET		2.2 NAME BENNINGER, CARL
STREET ADDRESS	ORLANDO FL		2.3 STREET ADDRESS 320 W LAKEVIEW STREET, #119
CITY-ST-ZIP			2.4 CITY-ST-ZIP ORLANDO, FL 32804
TITLE	SD POWELL, CECELIA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D
NAME	320 W LAKEVIEW STREET #203		3.2 NAME ROSE, SUSAN, R
STREET ADDRESS	ORLANDO FL		3.3 STREET ADDRESS 320 W LAKEVIEW STREET, #115
CITY-ST-ZIP			3.4 CITY-ST-ZIP ORLANDO, FL 32804
TITLE	TD MCCROSKY, DAVID	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP
NAME	881 EAGLE CLAW CT		4.2 NAME SABCOCK, SCOTT
STREET ADDRESS	LAKE MARY FL		4.3 STREET ADDRESS 320 W LAKEVIEW STREET, #210
CITY-ST-ZIP			4.4 CITY-ST-ZIP ORLANDO, FL 32804
TITLE	VD FISHER, ED	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	320 W LAKEVIEW ST #202		5.2 NAME
STREET ADDRESS	ORLANDO, FL 00000		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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14. 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 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: *Mary Lockmyer* 4-14-98 (407) 930-8008

CR2E037 (10/97)