


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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90092 001 ****61.25

DOCUMENT # 727571					
1. Entity Name HAMPSHIRE HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 320 W. LAKEVIEW ST. ORLANDO FL 32804 US			Mailing Address 3960-535 SOUTHPOINTE DR ORLANDO FL 32822 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1504001	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNBELT CONSULTING, INC. 3960-535 SOUTHPOINTE DRIVE ORLANDO FL 32822			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, DONALD II		NAME	MELTON, DONALD II	
STREET ADDRESS	2950 WILLOW BAY TERRACE		STREET ADDRESS	2950 WILLOW BAY TERRACE	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOAN, RINALDI		NAME	SID PRESSON	
STREET ADDRESS	3100 ARDSLEY DRIVE		STREET ADDRESS	320 LAKEVIEW ST. #320	
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETY, HARVEY		NAME	PIETY, HARVEY	
STREET ADDRESS	320 W. LAKEVIEW ST #123		STREET ADDRESS	320 LAKEVIEW ST. #123	
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOBO, GARY		NAME	KAY, GLORIA	
STREET ADDRESS	P.O. BOX 692112		STREET ADDRESS	320 LAKEVIEW ST. #112A	
CITY-ST-ZIP	ORLANDO FL 32869-2112		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, HAL		NAME	DENNAE DECARLO	
STREET ADDRESS	527 STANTON PLACE		STREET ADDRESS	320 LAKEVIEW ST. #209	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

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 information.

SIGNATURE: *[Handwritten Signature]* VP **3-8-04** **407-230-3199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #