


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90107 014 ****61.25

DOCUMENT # 727571
 1. Entity Name
HAMPSHIRE HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 320 W. LAKEVIEW ST. 3960-535 SOUTHPOINTE DR
 ORLANDO FL 32804 ORLANDO FL 32822
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
SUNBELT CONSULTING, INC.
 3960-535 SOUTHPOINTE DRIVE
 ORLANDO FL 32822

4. FEI Number Applied For
59-1504001 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **SUNBELT COMMUNITIES, INC.**
 Street Address (P.O. Box Number is Not Acceptable) **3960-535 SOUTHPOINTE DR.**
 City **ORLANDO** FL Zip Code **32822**

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 *[Signature]* **LEWIS H. GRAVES** DATE **3-15-05**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MELTON, DONALD II	
STREET ADDRESS	2950 WILLOW BAY TERRACE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRESSON, SID	
STREET ADDRESS	320 LAKEVIEW ST #320	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIETY, HARVEY	
STREET ADDRESS	320 W. LAKEVIEW ST #123	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAY, GLORIA	
STREET ADDRESS	320 LAKEVIEW ST #112A	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DECARLO, DENNAE	
STREET ADDRESS	328 LAKEVIEW ST #209	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, TIM	
STREET ADDRESS	320 LAKEVIEW ST #203	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, GARDON	
STREET ADDRESS	320 LAKEVIEW ST #108	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARLO, DENNAE	
STREET ADDRESS	328 LAKEVIEW ST #209	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: *[Signature]* DATE: **3/29/05** DAYTIME PHONE: **821-299-5747**