

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90111 027 ****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

1st MOORE CR2E037 (10/05)

4. FEI Number

59-1504001

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNBELT COMMUNITIES, INC.
3960-535 SOUTHPOINTE DRIVE
ORLANDO FL 32822

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 Delete
NAME: BUTLER, TIM
STREET ADDRESS: 320 LAKEVIEW ST #203
CITY-ST-ZIP: ORLANDO FL 32804

TITLE: TD Delete
NAME: CAIN, GORDON
STREET ADDRESS: 320 LAKEVIEW ST #108
CITY-ST-ZIP: ORLANDO FL 32804

TITLE: PD Delete
NAME: PIETY, HARVEY
STREET ADDRESS: 320 W. LAKEVIEW ST #123
CITY-ST-ZIP: ORLANDO FL 32804

TITLE: SD Delete
NAME: KAY, GLORIA
STREET ADDRESS: 320 LAKEVIEW ST #112A
CITY-ST-ZIP: ORLANDO FL 32804

TITLE: D Delete
NAME: DECARLO, DENNAE
STREET ADDRESS: 328 LAKEVIEW ST #209
CITY-ST-ZIP: ORLANDO FL 32804

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: TD Change Addition
NAME: RAWLS, MERRY
STREET ADDRESS: 806 S. LAKE DAVID DR.
CITY-ST-ZIP: ORLANDO, FL 32806

TITLE: D Change Addition
NAME: CRANE, HELEN
STREET ADDRESS: 320 LAKEVIEW ST #215
CITY-ST-ZIP: ORLANDO, FL 32804

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VPD Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

[Handwritten Signature]

3/9/06

(407) 529-6718