


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90014 037 ****61.25

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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

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

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 _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature must be filed with this filing.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	PD	<input type="checkbox"/> Delete
NAME	BUTLER, TIM	
STREET ADDRESS	320 LAKEVIEW ST #203	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAWLS, MERRY	
STREET ADDRESS	806 SOUTH LAKE DAVIS DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRANE, HELEN	
STREET ADDRESS	320 LAKEVIEW ST #215	
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	VPD	<input checked="" type="checkbox"/> Delete
NAME	CAIN, GORDON	
STREET ADDRESS	320 LAKEVIEW ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

VPD
Mostovishana
320 LAKEVIEW ST #118
ORLANDO, FL 32804

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: *[Signature]* SECRETARY **Y. B. OB** 407.496.9718