FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR -7 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07790 (1)

1. Corporation Name

HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~11721 S.W. 116 TERRACE~~ ~~MIAMI FL 33186~~ ~~US~~	~~12000 S.W. 114 PLACE~~ ~~MIAMI FL 33176~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2643108 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/o Miami Management Inc.	26 C/o Miami Management, Inc.
Suite, Apt. #, etc. 22 14275 SW 142 Ave	Suite, Apt. #, etc. 27 14275 SW 142 Ave.
City & State 23 Miami Florida	City & State 28 Miami FL 33186
Zip / Country 24 33186 / 25 USA	Zip / Country 29 33186 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SUITS, STEPHEN E~~ ~~% LAND CAP PROPERTY SERVICES, INC.~~ ~~12000 S.W. 114 PLACE~~ ~~MIAMI FL 33176~~	81 Name: DAVID A. Koelsch 82 Street Address (P.O. Box Number is Not Acceptable): 8900 SW 107 AVENUE 83 SUITE #200 84 City: Miami FL 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	~~SLEZAK, JEFF~~	1.2 NAME	ELISED DAVIES	
STREET ADDRESS	~~14730 SW 114 TERR~~	1.3 STREET ADDRESS	11732 SW 118 TERRACE	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	MOOTH, MARCIA	2.2 NAME		
STREET ADDRESS	11731 SW 114 TERR	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BRANNOCK, CHARLES	3.2 NAME		
STREET ADDRESS	11367 SW 117 CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	~~TD~~	4.1 TITLE	SEC.	☑ Change ☐ Addition
NAME	~~BENDELL, ABBE~~	4.2 NAME	THOMAS WOJNAR	
STREET ADDRESS	~~11825 SW 117 PL~~	4.3 STREET ADDRESS	11741 SW 116 TERRACE	
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE		5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME		5.2 NAME	LEROY COLE	
STREET ADDRESS		5.3 STREET ADDRESS	11740 SW 116 TERRACE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33186	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X _____ 2/24/96 378-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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