

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07790

FILED
Apr 20, 2008
Secretary of State

Entity Name: HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALTON MADISON PROPERTY MANAGEMENT
381 N KROME AVENUE #205
HOMESTEAD, FL 33090 US

New Principal Place of Business:

C/O ALTON MADISON PROPERTY MANAGEMENT
381 N KROME AVENUE #205
HOMESTEAD, FL 33030 US

Current Mailing Address:

C/O ALTON MADISON PROPERTY MANAGEMENT
PO BOX 901773
HOMESTEAD, FL 33030 US

New Mailing Address:

C/O ALTON MADISON PROPERTY MANAGEMENT
PO BOX 901773
HOMESTEAD, FL 33090 US

FEI Number: 59-2643108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGFRIED & ASSOCIATES
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MARIA ARIAS, ESQ

04/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HOYLE, PAUL
Address: 11542 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

Title: VPD () Delete
Name: SUAREZ, YVONNE
Address: 11737 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

Title: PD () Delete
Name: WOJNAR, THOMAS
Address: 11741 SW 116 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: BENNETT, ALICE
Address: 11722 SW 114 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MUSKAT, PHILLIP
Address: 10775 SW 133 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: MOSS, AARON
Address: 11726 SW 114 TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUAREZ, YVONNE
Address: 11737 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MOSS, AARON
Address: 11726 SW 114 TERRACE
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WOJNAR

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date