2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N07790

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 33030 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2643108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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:	D	( ) 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:	VPD	( ) 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:	HOLMES, KATHLEEN	
Address:	11731 SW 117 TERRACE	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 05/01/2009

Electronic Signature of Signing Officer or Director — Date