

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N10188** (3)

HAMPSHIRE HOMES IN MIRAMAR COMMUNITY ASSOCIATION, INC.



Principal Place of Business: C/O CONDO ACCOUNTING INC. 9000 SHERIDAN ST., SUITE 146 PEMBROKE PINES FL 33024
Mailing Address: C/O CONDO ACCOUNTING INC. 9000 SHERIDAN ST., SUITE 146 PEMBROKE PINES FL 33024

2 Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3 Date Incorporated or Qualified: 07/10/1985
3a Date of Last Report: 03/03/1995
4 FEI Number: 59-2746532
5 Certificate of Status Desired: \$8.75 Additional Fee Required
6 Election Campaign Financing: \$5.00 May Be Added to Fees
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

CONDO ACCOUNTING INC.
9000 SHERIDAN STREET
SUITE 146
PEMBROKE PINES FL 33024

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12 OFFICERS AND DIRECTORS: DP PERRY, JAMES E; DVP SCLAFANI, JOSEPH; DS DOAN, KATHY; DT MURPHY, JOHN; D RUSSELL, WALTER

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP ANDRE MELTON; D SAMUEL GUYDON; D WILLIAM TELFORD; T/S/D JOHN MURPHY; V/P WALTER RUSSELL

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, changed or on an attachment with an address.

SIGNATURE: X [Signature] 1-23-96 439-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)