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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N10188 (3)

1. Corporation Name

HAMPSHIRE HOMES IN MIRAMAR COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CONDO ACCOUNTING INC.
9000 SHERIDAN ST., SUITE 146
PEMBROKE PINES FL 33024

C/O CONDO ACCOUNTING INC.
9000 SHERIDAN ST., SUITE 146
PEMBROKE PINES FL 33024-8801



3. Date Incorporated or Qualified 07/10/1985	3a. Date of Last Report 01/26/1996
4. FEI Number 59-2746532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTON, ANDRE	1.2 NAME	WILFORD, SELWYN
STREET ADDRESS	10010 OLIVE STREET	1.3 STREET ADDRESS	3739 MARLBERRY LANE
CITY - ST - ZIP	MIRAMAR FL	1.4 CITY - ST - ZIP	MIRAMAR, FL 33025
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYDON, SAMUEL	2.2 NAME	GUYDON, SAMUEL
STREET ADDRESS	9908 ELM LANE	2.3 STREET ADDRESS	9908 ELM LANE
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	MIRAMAR, FL 33025
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELFORD, WILLIAM	3.2 NAME	
STREET ADDRESS	3729 MARLBERRY LAND	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	3.4 CITY - ST - ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOHN	4.2 NAME	MURPHY, JOHN
STREET ADDRESS	3471 JAVA PLUM AVENUE	4.3 STREET ADDRESS	3471 JAVA PLUM AVE
CITY - ST - ZIP	MIRAMAR FL	4.4 CITY - ST - ZIP	MIRAMAR, FL 33025
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, WALTER	5.2 NAME	
STREET ADDRESS	3421 JAVA PLUM AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Mortham* 1/9/97 954437-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023799

CR2E037 (9/96)