FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

FILED Feb 05 1998 8:00am Secretary of State

HAMPSHIRE HOMES IN MIRAMAR COMMUNITY ASSOCIATION , INC.						
Principal Place of Business	Mailing Address			J HODOLINO ODL 15610 995001 NIBER KOLIK BIRDIY BIRDIY BIRDIY BIRDIX BIRDIX BIRDIX BIRDIX BIRDIX BIRDIX BIRDIX BIRDIX		
C/O CONDO ACCOUNTING INC. 0000 SHERIDAN ST., SUITE 146 PEMBROKE PINES FL 33024 C/O CONDO ACCOUNTING IN 9000 SHERIDAN ST., SUITE 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				3. Date Incorporated or Qualified 07/10/1985 4. FEI Number Applied For		
2. Principal Place of Business	2a. Mailing Address			59-2746532 Not Applicab	븬	
21 26				5. Certificate of Status Desired	-	
Sulte, Apt. #, etc. Suite, Apt. #, etc.		·		6. Election Campaign Financing \$5.00 May Be	⊣	
27 27				Trust Fund Contribution Added to Fees		
City & State	City & State			7. Is this nonprofit corporation a homeowners association?	٦	
28		T 0		✓ Yes □ No	╛	
Zip Country 24 25	Zip Country			8. This corporation owes or has paid the current year Intangible		
9. Name and Address of Curren	1 Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	\dashv	
	t riogistored rigerii	81	Name	10. Italiio alla Addioso di Itali nagisterati Agent	\dashv	
CONDO ACCOUNTING INC.					_	
9000 SHERIDAN STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable)	-	
SUITE 146		83			ヿ	
PEMBROKE PINES FL 33024		84	C:4.		4	
			City	FL 85 Zip Code	-	
11. Pursuant to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the above-r	named corp	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	ī [
agent. I am familiar with, and accept the obliga	ations of, Section 617.0503, Fi	orida Statutes.	ne corpora	ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE						
Signature, typed or printed name of registered ager 12. OFFICERS AND		E: Registered Agent	signature requi	uured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	[
TITLE DP	DELETE	1.1 TITEE		Change Addition		
NAME MELTON, ANDRE		1.2 NAME				
STREET ADDRESS 10010 OLIVE STREET	1.3 ST		DDRESS		3	
CITY-ST-ZIP MIRAMAR FL		1.4 CITY - ST - 2				
TITLE SD	DELETE	2.1 TITLE		☐ Change ☑ Addition	ᆔ	
NAME GUYDON, SAMUEL		2.2 NAME	ŭ.	OILLIAMS, OLA 0030 MYRTLE COLLT		
STREET ADDRESS 9908 ELM LANE		2.3 STREET AD	DORESS 1 C	0030 myrtle court		
CITY-ST-ZIP MIRAMAR FL		2. 4 CITY - \$T-	ZIP 🕜	MILAMAR FL 33025		
TITLE D	∠ DEL€TE	3.1 TITLE	D		1	
TELFORD, WILLIAM		3.2 NAME	50	CLAFANI, JOSEPH		
STREET ADDRESS 3729 MARLBERRY LAND		3.3 STREET AD	DRESS 4	996 NANDINA STREET		
CITY-ST-ZIP MIRAMAR FL TITLE VD	☐ DELETE	3.4. CITY-ST-	ZIP M	Change Addition	-	
NAME MURPHY, JOHN	□ percit	4. 2 NAME		Change Noutlin	1	
STREET ADDRESS 3471 JAVA PLUM AVENUE		4.3 STREET AD	DRESS			
CITY-ST-ZIP MIRAMAR FL		4.4 CITY - ST - 2				
TITLE TO	DELETE	5.1 TITLE	-	☐ Change ☐ Addition	1	
NAME WILFORD, SELWYN		5.2 NAME	İ			
STREET ADDRESS 3739 MARLBERRY LANE		5.3 STREET AD	ORESS			
CITY-ST-ZIP MIRAMAR FL		5.4 CITY-ST-7	ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition	1	
NAME 2011						
STREET ADDRESS	_	6.2 NAME	ŀ			
CITY-ST-ZIP	_	6.2 NAME 6.3 STREET AD 6.4 CITY - ST - 2	l			

and that my signature shall have the same legal effect as if made under oath; that I am an oute this report as required by Chapter 617, Florida Statutes; and that my name appears in Indicated on this annual report or supportion of director of the corporation or Block 12 or Block 13 if changed, dyon