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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 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 (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

3. Date Incorporated or Qualified: 07/10/1985
4. FEI Number: 59-2746532
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes [checked] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No []

9. Name and Address of Current Registered Agent: CONDO ACCOUNTING INC. 9000 SHERIDAN STREET SUITE 146 PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MELTON, ANDRE 10010 OLIVE STREET MIRAMAR FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD GUYDON, SAMUEL 9908 ELM LANE MIRAMAR FL	2.1 TITLE	SD WILLIAMS, OEA 10030 MYRTLE COURT MIRAMAR, FL 33025
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TELFORD, WILLIAM 3729 MARLBERRY LAND MIRAMAR FL	3.1 TITLE	D SCLAFANI, JOSEPH 9996 NARDINA STREET MIRAMAR, FL 33025
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD MURPHY, JOHN 3471 JAVA PLUM AVENUE MIRAMAR FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD WILFORD, SELWYN 3739 MARLBERRY LANE MIRAMAR FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)