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**Feb 27, 1999 8:00 am**  
**Secretary of State**

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0024101

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N10188

1. Corporation Name  
**HAMPSHIRE HOMES IN MIRAMAR COMMUNITY ASSOCIATION, INC.**

Principal Place of Business: ~~C/O CONDO ACCOUNTING INC.~~ 9000 SHERIDAN ST., SUITE 446 134 PEMBROKE PINES FL 33024  
 Mailing Address: ~~C/O CONDO ACCOUNTING INC.~~ 9000 SHERIDAN ST., SUITE 446 134 PEMBROKE PINES FL 33024



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/10/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2746532
City & State	28	Applied For
23	29	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	30	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
80	81
<del>CONDO ACCOUNTING INC.</del> 9000 SHERIDAN STREET SUITE 446 134 PEMBROKE PINES FL 33024	Name
	82
	Street Address (P.O. Box Number is Not Applicable)
	LANDMARK MANAGEMENT SERVICES, INC.
	83
	9000 SHERIDAN STREET SUITE 134
	PEMBROKE PINES, FL 33024-8801
	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]* DATE: 1/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELTON, ANDRE	1.2 NAME	SEWELL, DOUGLAS
STREET ADDRESS	10010 OLIVE STREET	1.3 STREET ADDRESS	10050 MYRTLE CT
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	MIRAMAR, FL 33005
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, OLA	2.2 NAME	
STREET ADDRESS	10030 MYRTLE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCLAFAN, JOSEPH	3.2 NAME	
STREET ADDRESS	9996 NANDINA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOHN	4.2 NAME	
STREET ADDRESS	3471 JAVA PLUM AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILFORD, SELWYN	5.2 NAME	
STREET ADDRESS	3739 MARLBERRY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PD DOUG SEWELL
STREET ADDRESS		6.3 STREET ADDRESS	10050 MYRTLE CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIRAMAR, FL 33025

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/27/99

CR2E037 (11/98)