


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 043 ****61.25

DOCUMENT # N10188

1. Entity Name
HAMPSHIRE HOMES IN MIRAMAR COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 12323 S.W. 55 ST., STE. 1002
 COOPER CITY, FL 33330

Mailing Address
 12323 S.W. 55 ST., STE. 1002
 COOPER CITY, FL 33330



2. Principal Place of Business
1941 NW 150 Avenue

3. Mailing Address
1941 NW 150 Avenue

Suite, Apt. #, etc.

02222006 Chg-NP CR2E037 (11/05)

City & State
Pembroke Pines Fla.

City & State
Pembroke Pines Fla.

Zip
33028

Country
USA

4. FEI Number
59-2746532

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LANDMARK MANAGEMENT SERVICES, INC.
 12323 S.W. 55 ST., STE. 1002
 COOPER CITY, FL 33330

ADDRESS change

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1941 NW 150 Avenue

City
Pembroke Pines

State
FL

Zip Code
33028

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph M. Sciarani*

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

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURPHY, JACK 3471 JAVA PLUM AVENUE MIRAMAR, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTINIANA, VICTORIA 9800 HEATHER LN MIRAMAR, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILECKI, AGNES 9830 HEATHER LN MIRAMAR, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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, trustee or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph M. Sciarani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/1/28/06**

Daytime Phone #