2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10188

City-St-Zip:

HOLLYWOOD, FL 33025

FILED Apr 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1941 NW 150TH AVE PEMBROKE PINES, FL 33028 **Current Mailing Address: New Mailing Address:** 1941 NW 150TH AVE PEMBROKE PINES, FL 33028 FEI Number: 59-2746532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDMARK MANAGEMENT SERVICES, INC. 1941 NW 150TH AVE PEMBROKE PINES, FL 33028 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MURPHY, JACK MURPHY, JACK Name: Name: 3471 JAVA PLUM AVENUE Address: 3471 JAVA PLUM AVENUE Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025 Title: PD Title: (X) Change () Addition () Delete JUSTINIANA, VICTORIA Name: JUSTINIANO, VICTORIA Name: Address: 9800 HEATHER LN Address: 9800 HEATHER LN City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIRAMAR, FL 33025 Title: VD. () Delete Title: () Change () Addition BILECKI, AGNES Name: Name: 9830 HEATHER LN Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCKENZIE, BARBARA Name: Address: 9860 FERN LANE Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: () Delete Title: (X) Change () Addition SHERYLL, WALKS ALINE, FARRIOR Name: Name: 9900 HEATHER LANE 9900 DAFFODIL LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIRAMAR, FL 33025

SIGNATURE: VICTORIA JUSTINIANO PRES 04/07/2009