


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11296</b>	
1. Entity Name <b>HAPSHIRE VILLAS HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>13309 WINDIN GOAK CR STE B TAMPA, FL 33612 US</b>	Mailing Address <b>15009 N FLORIDA AVE PMB 241 TAMPA, FL 33613 US</b>
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01122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3054372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CRONIN, RAYMOND J 13309 WINDING OAK CT SYE B TAMPA, FL 33612</b>	
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTMAN, ALICE P.O. BOX 271804 TAMPA, FL 336881804</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UTERWYKE, BONNIE 15206 WINTERWIND TAMPA, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALSTON, RICHARD C 6605 MONTE VESTA PL TAMPA, FL 33634</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000042697  
02/10/04-60035-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>2/6/04</b>	Office Phone # <b>813 935 6637</b>
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