

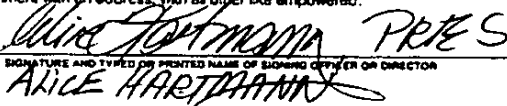


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

07-09-2008 90020 029 61.25
N11296

DOCUMENT # N11296			
1. Entity Name HAPSHIRE VILLAS HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 18400 N. FLORIDA AVE STE G TAMPA FL 33612 US		Mailing Address 218 E. BEARSS PMB 241 TAMPA FL 33613-1625 US	
2. Principal Place of Business - No P.O. Box # NEFF Properties, LLC		3. Mailing Address NEFF PROPERTIES LLC P.O. BOX 10217	
4. FEI Number 59-3054372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		2nd MOORE CR2E037 (4/08)	
6. Name and Address of Current Registered Agent COWDOMINIUM ALLIANCE 218 E. BEARSS AVE TAMPA FL 336135		7. Name and Address of New Registered Agent Welf Properties, LLC 104 E Fowler Ave, Ste 190 Tampa FL 33612	
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 		DATE 6/30/08	
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, ALICE P.O. BOX 271804 TAMPA FL 33688-1804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLOP, BONNIE 15206 WINTERWIND TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSTON, RICHARD C 6605 MONTE VESTA PL TAMPA FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: 		DATE	

FILED
08 AUG 15 PM 4:12



(Large handwritten signature and name)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALICE HARTMAN