

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90085 019 ****61.25

DOCUMENT # N11296

1. Entity Name
HAPSHIRE VILLAS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address

5364 EHRlich ROAD **5364 EHRlich ROAD**
PMB 362 **PMB 362**
TAMPA FL 33624 **TAMPA FL 33624**
US **US**

2. Principal Place of Business 3. Mailing Address

13309 WINDING OAK CT **15009 N. FLORIDA AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE B **PMB 241**

City & State City & State

TAMPA FLORIDA **TAMPA FLORIDA**

Zip Country Zip Country

33612 **USA** **33613** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3054372** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARMER, GARY E
CONDOMINIUM ALLIANCE MGMNT CORP
5364 EHRlich ROAD, PMB 362
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **RAYMOND J. CRONIN**
Street Address (P.O. Box Number is Not Acceptable)
13309 WINDING OAK CT
SUITE B
City **TAMPA** FL Zip Code **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  **RAYMOND J. CRONIN** **1/13/03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	HARTMAN, ALICE	
STREET ADDRESS	P.O. BOX 271804	
CITY-ST-ZIP	TAMPA FL 33688-1804	
TITLE	D	<input type="checkbox"/> Delete
NAME	UTERWYKE, BONNIE	
STREET ADDRESS	15206 WINTERWIND	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALSTON, RICHARD C	
STREET ADDRESS	6605 MONTE VESTA PL	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 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:  **1/13/03** **813-935-6633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)