

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006877

**Entity Name:** HAMPTON PROFESSIONAL CENTER CONDOMINIUM NO.6 ASSOCIATION, INC.

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC6086827646**

**Current Principal Place of Business:**

1911 NW 150TH AVE.  
#202  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1911 NW 150TH AVE.  
#202  
PEMBROKE PINES, FL 33028

**FEI Number: 68-0637539**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHINYE, TONY  
1911 NW 150TH AVE., STE 202  
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

**Officer/Director Detail :**

Title DS  
Name LOPEZ, PETER  
Address 1911 NW 150TH AVE., STE 201  
City-State-Zip: PEMBROKE PINES FL 33028

Title DP  
Name RICCI, CHRIS  
Address 1911 NW 150TH AVE., STE 102  
City-State-Zip: PEMBROKE PINES FL 33028

Title DVP  
Name DACOSTA, FERNANDO  
Address 1911 NW 150TH AVE., STE 104  
City-State-Zip: PEMBROKE PINES FL 33028

Title DT  
Name CHINYE, TONY  
Address 1911 NW 150TH AVE., STE 202  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name ALTSCHUL, JOSEPH E  
Address 1911 NW 150TH AVE., STE 203  
City-State-Zip: PEMBROKE PINES FL 33028

*I hereby 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 all other like empowered.*

**SIGNATURE: PETER LOPEZ**

**DS**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date