

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10188

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

**FILED**  
**Dec 12, 2016**  
**Secretary of State**  
**CC5109806184**

**Current Principal Place of Business:**

C/O LANDMARK MANAGEMENT SERVICE, INC.  
1941 NW 150 AVE.  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

C/O LANDMARK MANAGEMENT SERVICES INC.  
1941 NW 150 AVE.  
PEMBROKE PINES, FL 33028 US

**FEI Number: 59-2746532**

**Certificate of Status Desired: No**

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

IRVIN W. NACHMAN, P.A.  
4441 STIRLING ROAD  
FT. LAUDERDALE, FL 33314 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: IRVIN W. NACHMAN, ESQ.**

**12/12/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name BERND, DAVID  
Address 1941 NW 150 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name DINNALL, ETHWAL  
Address 1941 NW 150 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title PRESIDENT, DIRECTOR  
Name WALKS, SHERYLL  
Address 1941 NW 150 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title SECRETARY, DIRECTOR  
Name LEE-SLACK, DONNA  
Address 1941 NW 150 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name BLACK, MARLENE  
Address 1941 NW 150 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title TREASURER, DIRECTOR  
Name MORRIS, RICHARD  
Address 1941 NW 150 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name TOULON, KAREN  
Address 1941 NW 150 AVENUE  
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: SHERYLL WALKS**

**PRESIDENT**

**12/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date