

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McEwen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 277613 (6)

1. Corporation Name
HAMPSHIRE GARDENS, INC.

Principal Place of Business
**2500 SOUTH FED HWY(CLUBHOUSE)
BOYNTON BEACH FL 33435**

Mailing Address
**2500 SOUTH FED HWY(CLUBHOUSE)
BOYNTON BEACH FL 33435**



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3. Date Incorporated or Qualified 01/21/1964	3a. Date of Last Report 04/12/1995
4. FEI Number 59-1085403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DOWNEY, PATRICIA M
2430 S. FEDERAL HWY.
BOYNTON BEACH FL 33435**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 (b)(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent, I am familiar with, and I accept the obligations of, Section 607 (b)(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: VITALE, JOSEPH STREET ADDRESS: 2450 S. FEDERAL HWY. CITY-ST-ZIP: BOYNTON BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PANDOLFO, VINCENT STREET ADDRESS: 2440 S. FEDERAL HWY. CITY-ST-ZIP: BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MIKULEC, PATRICIA STREET ADDRESS: 2550 S. FEDERAL HWY. CITY-ST-ZIP: BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: DOWNEY, PATRICIA M STREET ADDRESS: 2430 S. FEDERAL HWY. CITY-ST-ZIP: BOYNTON BEACH FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CARCHIDI, THERESA STREET ADDRESS: 2460 S FEDERAL HWY. CITY-ST-ZIP: BOYNTON BEACH FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: PAFENBACH, WILLIAM STREET ADDRESS: 2570 S FEDERAL HWY. CITY-ST-ZIP: BOYNTON BEACH FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

V
Mary Mascellino
2560 S. Federal Hwy
Boynton Beach, FL 33435

14. I do hereby certify that the information supplied on this form is true and correct, 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 a person authorized to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change form, and that the address is the address.

SIGNATURE: *Patricia M. Downey* **PATRICIA M. DOWNEY, TREAS.** 407-369-0111

CR2E034 (12/95)