

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33435-7722
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3. Date Incorporated or Qualified 01/21/1964	3a. Date of Last Report 04/15/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.	4. FEI Number 59-1085403	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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		
					6. 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				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Patricia M Downey* **PATRICIA M. DOWNEY** **3/19/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITALE, JOSEPH	1.2 NAME	MARGARET GEFFKEN
STREET ADDRESS	2450 S. FEDERAL HWY.	1.3 STREET ADDRESS	2520 S. FEDERAL HWY
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY MASCELLINO	2.2 NAME	MARY MASCELLINO
STREET ADDRESS	2560 S FEDERAL HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, PATRICIA M	3.2 NAME	
STREET ADDRESS	2430 S. FEDERA HWY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARCHIDI, THERESA	4.2 NAME	IDA RAUH
STREET ADDRESS	2460 S FEDERAL HWY.	4.3 STREET ADDRESS	2542 S. FEDERAL HWY
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFENBACH, WILLIAM	5.2 NAME	
STREET ADDRESS	2570 S FEDERAL HWY.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia M Downey, Pres.* **PATRICIA M. DOWNEY** **3/19/97** **561 369-0111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)