


**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 277613**

1. Corporation Name  
**HAMPSHIRE GARDENS, INC.**



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	Applied For	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	01/21/1964	Not Applicable	
22	City & State	27	City & State	4. FEI Number	5. Certificate of Status Desired <input type="checkbox"/>	
23	Zip	28	Zip	59-1085403	\$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
25		30		\$5.00 May Be Added to Fees		
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
CARCHIDI, THERESA 2460-12A S. FEDERAL HWY BOYNTON BEACH FL 33435				81	Name			85	Zip Code
				82	Street Address (P.O. Box Number is Not Acceptable)				
				83	2530 S. Federal Hwy Apt. 20				
				84	Boynton Beach, FL. 33435				

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: Barbara L. Gugger DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEFFKEN, MARGARET	1.2 NAME	Treasurer
STREET ADDRESS	2520-6 S. FEDERAL HWY	1.3 STREET ADDRESS	Samuel Campbell
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	2520 S. Federal Hwy Apt.10
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Boynton Beach, Fl. 33435 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACELLI, RICHARD S.	2.2 NAME	
STREET ADDRESS	2460-20 S. FEDERAL HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, EUGENE	3.2 NAME	
STREET ADDRESS	2440-12 S. FEDERAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP CARCHIDI, THERESA	4.2 NAME	Harold Körnmeyer X
STREET ADDRESS	2460-12A S. FEDERAL HWY	4.3 STREET ADDRESS	2460 S. Federal Hwy. Apt 6
CITY-ST-ZIP	BOYNTON BEACH FL 33435	4.4 CITY-ST-ZIP	Boynton Beach, Fl. 33435
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GUGGER, BARBARA L.	5.2 NAME	
STREET ADDRESS	2530-20 S. FEDERAL HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A KÖRNMAYER, HAROLD	6.2 NAME	
STREET ADDRESS	2460-6 S. FEDERAL HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Barbara L. Gugger SIGNATURE REQUIRED 3/17/99 732-4758  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)