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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

3. Date Incorporated or Qualified
01/21/1964

4. FEI Number
59-1085403

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 28 Suite, Apt. #, etc.
 27 City & State
 29 Zip Country

9. Name and Address of Current Registered Agent
**CARCHIDI, THERESA
 2460-12A S. FEDERAL HWY
 BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent
 81 Name
Barbara L. Gugger
 82 Street Address (P.O. Box Number is Not Acceptable)
2530 S. Federal Hwy Apt. 20
 83 City
Boynton Beach, FL. 33435
 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 *Barbara L. Gugger* DATE _____
Signature, typed or printed name of registered agent and title 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 checked="" 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 checked="" type="checkbox"/> Addition
NAME	SVP CARCHIDI, THERESA	4.2 NAME	Harold Körnmeyer
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	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: *[Signature]* **SIGNATURE REQUIRED** **3/17/99** **732-4758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)