


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 277613**

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



Principal Place of Business <b>2500 SOUTH FED HWY(CLUBHOUSE)          BOYNTON BEACH, FL 33435</b>	Mailing Address <b>2500 SOUTH FED HWY(CLUBHOUSE)          BOYNTON BEACH, FL 33435</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1085403</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RENSI, ROBERT D  
 2560 S FEDERAL HWY  
 APT 15  
 BOYNTON BEACH, FL 33435**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RENEL, ROBERT D 2560 S FEDERAL HWY #15 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TUTTLE, ALICE M 2570 S FEDERAL HWY #2 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, JAMES 2430 S FEDERAL HWY #19 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLSEN, WARREN 2552 S FEDERAL HWY #1 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASSINI, JON 2450 S FEDERAL HWY #6 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000107015  
 04/08/04-80039-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M Taylor, Pres. Date: 4/2/04 Daytime Phone #: 733-1814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR