


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90178 003 ***150.00

DOCUMENT # 277613

1. Entity 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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-1085403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CAMPBELL, SAMUEL
2450 S FEDERAL HWY
APT 10
BOYNTON BEACH, FL 33435**

7. Name and Address of New Registered Agent

Name
Robert D. Rensi

Street Address (P.O. Box Number Is Not Acceptable)
2560 S Federal Hwy

City
**APT 15
Boynton Beach FL**

Zip Code
33435

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 *Robert D. Rensi* DATE **April 25, 2003**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when resigning)

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

10. OFFICERS AND DIRECTORS

TITLE SB	<input checked="" type="checkbox"/> Delete
NAME CAMPBELL, SAMUEL	
STREET ADDRESS 2450 S FEDERAL HWY	
CITY-ST-ZIP BOYNTON BEACH, FL 33435	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME TACELLI, RICHARD S.	
STREET ADDRESS 2460-20 S. FEDERAL HWY	
CITY-ST-ZIP BOYNTON BEACH, FL 33435	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME KARCHAR, DONALD	
STREET ADDRESS 2570-20 S FEDERAL HWY	
CITY-ST-ZIP BOYNTON BEACH, FL 33435	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Robert D. Rensi	
STREET ADDRESS 2560 S. Federal Hwy, #15	
CITY-ST-ZIP Boynton Beach, FL 33435	
TITLE 2ND V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALICE H. TUTTLE	
STREET ADDRESS 2570 S. FEDERAL HWY #2	
CITY-ST-ZIP BOYNTON BEACH, FL 33435	2ND YEAR
TITLE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAMES TAYLOR	
STREET ADDRESS 24130 S. FEDERAL HWY #19	
CITY-ST-ZIP BOYNTON BEACH, FL 33435	
TITLE V.P. WARREN OLSEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WARREN OLSEN	
STREET ADDRESS 2552 S. FEDERAL HWY #1	
CITY-ST-ZIP BOYNTON BEACH, FL 33435	2ND YEAR
TITLE SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOE PASSINI	
STREET ADDRESS 24150 S. FEDERAL HWY #6	
CITY-ST-ZIP BOYNTON BEACH, FL 33435	2ND YEAR
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Robert D. Rensi* **Robert D. Rensi** **Treasurer 4-25-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC04 (10/02)