

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 12, 2008
Secretary of State

DOCUMENT# 718539

Entity Name: HAMPSHIRE HOUSE OF PORT CHARLOTTE -A CONDOMINIUM, INC.

Current Principal Place of Business:

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE-2296 AARON ST.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE-2296 AARON ST.
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1574993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GLEASON, JANET
21320 BRINSON AVE. #114
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

GLEASON, JANET
21320 BRINSON AVE #114
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: JANET GLEASON

09/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: CASE, BEULAH
Address: 21320 BRINSON AVE #110
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD () Delete
Name: GALLI, DARIO
Address: 21320 BRINSON #205
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: PD () Delete
Name: GLEASON, JANET
Address: 21320 BRINSON AVE. #114
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Delete
Name: CUTTS, JEANNETTE
Address: 21320 BRINSON AVE.#102
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLEASON, JANET
Address: 21320 BRINSON AVE #114
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD (X) Change () Addition
Name: GALLI, DARIO
Address: 21320 BRINSON AVE #205
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TSD (X) Change () Addition
Name: CASE, BEULAH
Address: 21320 BRINSON AVE #110
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET GLEASON

PD

09/12/2008

Electronic Signature of Signing Officer or Director

Date