

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718539

FILED
Jan 29, 2009
Secretary of State

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 ()

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:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WRIGHT, JIM
Address: 21320 BRINSON AVE #206
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

Title: T () Change (X) Addition
Name: CASINELLI, JOE
Address: 21320 BRINSON AVENUE #105
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

D

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date