2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718539

FILED Feb 11, 2011 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

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

HAMPSHIRE HOUSE OF PORT CHARLOTTE MANAGER'S OFFICE-2296 AARON ST.

PORT CHARLOTTE, FL 33952

Current Mailing Address:

New Mailing Address:

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

HAMPSHIRE HOUSE OF PORT CHARLOTTE MANAGER'S OFFICE-2296 AARON ST.

PORT CHARLOTTE, FL 33952

FEI Number: 59-1574993

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASINELLI, JOE 21320 BRINSON AVE #105 PAPINEAU, GUY

PORT CHARLOTTE, FL 33952

21320 BRINSON AVE #203 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: GUY PAPINEAU

02/11/2011

Electronic Signature of Registered Agent

US

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

PAPINEAU, GUY Name:

Address: 21320 BRINSON AVE #203 City-St-Zip: PORT CHARLOTTE, FL 33952

Title:

Name: PAPINEAU, COLETTE Address: 21320 BRINSON AVE #203 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD

NANTELL, MARIE Name: Address: 21320 BRINSON AVE #116 City-St-Zip: PORT CHARLOTTE, FL 33952

Title:

Name: CASSINELLI, JOE

21320 BRINSON AVENUE #105 Address: City-St-Zip: PORT CHARLOTTE, FL 33952

Title:

Name: CASE, BEULAH

21320 BRINSON AVENUE #110 Address: PORT CHARLOTTE, FL 33952 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: GUY PAPINEAU PD 02/11/2011