2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2005
Secretary of State

DOCUMENT# 719824

Entity Name: HAMPSHIRE ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

117 LEHANE TERRACE
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

117 LEHANE TERRACE
N. PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-1430561 **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:

GANGLER, ROBERT
117 LEHANE TERRACE
APT 204
N PALM BCH, FL 33408 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:	TD	( ) Delete
Name:	GANGLER, ROBERT	
Address:	117 LEHANE TERR. #204	
City-St-Zip:	N PALM BEACH, FL	
Title:	PD	( ) Delete
Name:	WOODARD, WALLY	
Address:	117 LEHANE TERRACE #103	
City-St-Zip:	N PALM BCH, FL	
Title:	VD	( ) Delete
Name:	GLASSER, MARK	
Address:	117 LEHANE TERRACE #112	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	SD	( ) Delete
Name:	KING, GREGORY	
Address:	117 LEHANE TERRACE #202	
City-St-Zip:	N PALM BCH, FL	
Title:	B	( ) Delete
Name:	GLASSER, PATRICIA	
Address:	117 LEHANE TERRACE #112	
City-St-Zip:	N. PALM BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT GANGLER TD 05/07/2005
Electronic Signature of Signing Officer or Director — Date