2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719824

FILED Apr 26, 2006 Secretary of State

Entity Name: HAMPSHIRE ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

117 LEHANE TERRACE N. PALM BEACH, FL 33408

Current Mailing Address: New Mailing Address:

117 LEHANE TERRACE N. PALM BEACH, FL 33408

FEI Number: 59-1430561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GANGLER, ROBERT 117 LEHANE TERRACE APT 204 N PALM BCH, FL 33408 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:

ONL. _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:TD() DeleteTitle:P(X) Change () AdditionName:GANGLER, ROBERTName:GANGLER, ROBERTAddress:117 LEHANE TERR. #204Address:117 LEHANE TERR. #204

Address: 117 LEHANE TERR. #204
City-St-Zip: N PALM BEACH, FL

Address: 117 LEHANE TERR. #204
City-St-Zip: NORTH PALM BEACH, FL

Title: PD () Delete Title: V (X) Change () Addition Name: WOODARD, WALLY Name: WOODARD, WALLY

Address: 117 LEHANE TERRACE #103 Address: 117 LEHANE TERRACE #103
City-St-Zip: N PALM BCH, FL City-St-Zip: N PALM BCH, FL

Title: VD () Delete Title: T (X) Change () Addition Name: GLASSER, MARK Name: CONISHA, ILENE

Address: 117 LEHANE TERRACE #112 Address: 117 LEHANE TERRACE #210
City-St-Zip: NORTH PALM BEACH, FL 33408
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SD () Delete Title: D (X) Change () Addition Name: KING, GREGORY Name: KING, GREGORY

Address: 117 LEHANE TERRACE #202 Address: 117 LEHANE TERRACE #102

City-St-Zip: N PALM BCH, FL City-St-Zip: N PALM BCH, FL

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 Title:
 B
 () Delete
 Title:
 S
 () Addition

 Name:
 GLASSER, PATRICIA
 Name:
 MCKENNA, NATALIE

Address: 117 LEHANE TERRACE #112 Address: 117 LEHANE TERRACE #101
City-St-Zip: N. PALM BEACH, FL
City-St-Zip: N. PALM BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT GANGLER P 04/26/2006