2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-11-2005 90029 011 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # 733197

1. Entity Name
8705 HAMPSHIRE DRIVE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O SOUTHEAST CONDO MGT 2085 UNIVERSITY DR CORAL SRINGS, FL 33071	C/O SOUTHEAST CONDO MGT 2085 UNIVERSITY DR CORAL SRINGS, FL 33071

2. Principal Place of Business	3. Mailing Address
SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065	SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065
Zip	Zip
Country US	Country US

4. FEI Number 59-1536403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIARENZA, CJ
C/O SOUTHEAST CONDO MGMT
2085 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name, Street: SOUTHEAST CONDO MGMT.
2855 N. UNIVERSITY DR. STE 310
CORAL SPRINGS, FL 33065
City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CJ Chiarenza
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TODOROV, EVGENY 8705 NW 38DR 7B CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DULKIS, ANDREW 8705 NW 38 DR 3B CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DEMAINE, SARAH 8705 NW 38 DR 3A CORALSPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10 - 5285