


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90198 042 ****61.25

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| DOCUMENT # 733197 |  |
| 1. Entity Name 8705 HAMPSHIRE DRIVE CONDOMINIUM, INC. | |

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| Principal Place of Business SOUTHEAST CONDO MGMT 2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 | Mailing Address SOUTHEAST CONDO MGMT 2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 |
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40081533

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| 2. Principal Place of Business - No P.O. Box # Royal Property mgmt. Suite, Apt. #, etc. 8317 W. Atlantic Blvd City & State Coral Springs FL Zip 33071 Country USA | 3. Mailing Address Royal Property mgmt. Suite, Apt. #, etc. 8317 W. Atlantic Blvd City & State Coral Springs FL Zip 33071 Country USA |
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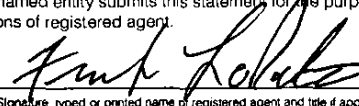
04212007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-1536403 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SOUTHEAST CONDO MGMT 2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 | |
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| 7. Name and Address of New Registered Agent Name Royal Property mgmt. Street Address (P.O. Box Number is Not Acceptable) 8317 W. Atlantic Blvd. City Coral Springs FL Zip Code 33071 | |
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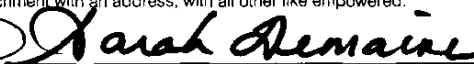
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. | DATE 4/24/07 (NOTE: Registered Agent signature required when reinstating) |

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DULKIS, ANDREW 8705 NW 38 DR 3B CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DEMAINE, SARAH 8705 NW 38 DR 3A CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Dulkis, Andrew 8705 NW 38 DR 3B CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Sarah Demaine 8705 NW 38 DR 3A CORAL SPRINGS, FL 33065 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP La Rocca, Frank 8705 NW 38 DR 3A CORAL SPRINGS FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. | |
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| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE 04.21.07 Date | DAYTIME PHONE # 954-757-9292 Daytime Phone # |
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