2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

05-08-2008 90026 041 ****61.25

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1. Entity Name 8705 HAMPSHIRE DRIVE CONDOMINIUM, INC



6703 HAINFSHIRE DRIVE CONDOMINION, INC.									
Principal Plac ROYAL PROP 8317 W ATLA CORAL SPRIM	ERTY MGMT	Mailing Address ROYAL PROPERTY MGMT 8317 W ATLANTIC BVLD CORAL SPRINGS, FL 3307	71			501 81811 81811 81811 8181 8181	 		
2. Principal P	Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			04212008	3 Chg-NP	CR2E037 (12/0	06)			
City & State City & State			4. FEI Num 59-15	nber 36403		Applied For Not Applicable			
Žip	Country	Zip	Country	5. Certifica	ite of Status Desired	□ \$8.75 Fee Red	Additional		
	6. Name and Address of Current i	Registered Agent		7. Name a	nd Address of New	Registered Agent			
201/11 25			Name	Name					
ROYAL-PROPERTY MGMT		Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
	,								
			City			FL Zip	Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or	registered agent, or	both, in the State of	Florida. I am familiar	with, and accept		
SIGNATURE .									
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: Re	gistered Agent signatur	e required when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.		\$5.00 Mar Added to Fe	Be FI	Make check payat orida Department				
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/0	CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 10		
TITLE	P	☐ Delete	TITLE	D Durkis, A	a keanl	J⊠ Cha	nge 🗌 Addition		
NAME	DULKIS, ANDREW		NAME	DUCKIS, IS	005 3 B				
STREET ADDRESS CITY-ST-ZIP	8705 NW 38 DR 3B CORAL SPRINGS, FL 33065		STREET ADDRESS CITY-ST-ZIP	Covar Spri	man FL	33045			
TITLE	STD STD	□ Delete	TITLE	covar 2121			nge 🗌 Addition		
NAME	DEMAINE, SARAH	C Delete	NAME		•		inge 🗀 Addition		
STREET ADDRESS	8705 NW 38 DR 3A		STREET ADDRESS						
CITY-ST-ZIP	CORALSPRINGS, FL 33065		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE	PRES.		. ∠Cha	nge 🔲 Addition		
NAME	LAROCCA, FRANK		NAME	PRES, LAROCCA, F 8705 NW 3 Coral Stri	rank	D			
STREET ADDRESS CITY-ST-ZIP	8705 NW 38 DR 24 7A		STREET ADDRESS	8705 NW 3	9 CM - 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2			
	CORAL SPRINGS, FL 33065				~43 1 L 3		·		
TITLE NAME		☐ Delete	TITLE NAME	ur Julio Ci	4 C.A F A	☐ Cha	nge Addition		
STREET ADDRESS			STREET ADDRESS	C-20 11	4SABONA	_			
CITY-ST-ZIP			CITY-ST-ZIP	CORALS	OSING F	7 33076			
TITLE		☐ Delete	TITLE	P	1	☐ Cha	nge 🔼 Addition		
NAME			NAME	Brown, ar	thur	•			
STREET ADORESS			STREET ADDRESS	U , U	38 Dn · 4A				
CITY-ST-ZIP			CITY-ST-ZIP	CORAL Spr	ngs FL	33045	<u> </u>		
TITLE		Detete	TITLE			Cha	nge 🔲 Addition		
NAME STREET ADDRESS	1		NAME STREET ADDRESS						
CITY-ST-ZIP	-	**	CITY-\$1-ZIP			•			
	1	* .			19, Florida Statutes				

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.

SIGNATURE: Thank falocia

4/25/08

954-757-9192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #