

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90384 048 \*\*\*\*70.00

<b>DOCUMENT # N05000012882</b>	
1. Entity Name <b>HAMPTON PROFESSIONAL CENTER CONDOMINIUM NO. 5 ASSOCIATION, INC.</b>	

Principal Place of Business <b>6450 WEST 21 COURT SUITE 301 HIALEAH, FL 33016</b>	Mailing Address <b>6450 WEST 21 COURT SUITE 301 HIALEAH, FL 33016</b>
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**66010987**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>90-4704127</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>DELGADO, OSCAR J ESQ. 6450 WEST 21 COURT SUITE 301 HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, OSCAR J 6450 WEST 21 COURT, SUITE 301 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, JOSE M 6450 WEST 21 COURT, SUITE 301 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA, LUIS M 6450 WEST 21 COURT, SUITE 301 HIALEAH, FL 33016 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without being empowered.

**SIGNATURE:** \_\_\_\_\_ SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_