

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012882

FILED
Jun 15, 2009
Secretary of State

Entity Name: HAMPTON PROFESSIONAL CENTER CONDOMINIUM NO. 5 ASSOCIATION, INC.

Current Principal Place of Business:

1950 NW 150 AVE
SUITE 101
PEMBROKE PINES, FL 33028

New Principal Place of Business:

1921 NW 150 AVE
SUITE 101
PEMBROKE PINES, FL 33028

Current Mailing Address:

1950 NW 150 AVE
SUITE 104
PEMBROKE PINES, FL 33028

New Mailing Address:

1921 NW 150 AVE
SUITE 104
PEMBROKE PINES, FL 33028

FEI Number: 20-4704127 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLEIN, STEVEN M
1921 NW 150 AVE
STE 101
PEMBROKE PINES, FL 33028 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CLEIN, STEVEN M
Address: 1950 NW 150 AVE STE 101
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TREA () Delete
Name: STARK, RICHARD N
Address: 1921 NW 150 AVE STE 104
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SECR (X) Delete
Name: CHACKO, CHERIYAN
Address: 1921 NW 150 AVE STE 102
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VICE () Delete
Name: CAICEDO, WILLIAM
Address: 1921 NW 150 AVE STE 103
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CLEIN, STEVEN M
Address: 1921 NW 150 AVE STE 101
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD STARK

TREA

06/15/2009

Electronic Signature of Signing Officer or Director

Date