

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008150

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE HAMPSHIRE AT LAKE IVANHOE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

75 GATLIN AVE
SUITE A
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

75 GATLIN AVE
SUITE A
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 26-0281669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENCORE PROPERTY MANAGEMENT LLC
75 GATLIN AVE.
SUITE A
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: D () Delete
Name: WATSON, BONNIE R
Address: 219 PASADENA PLACE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: WEST, TAMMY
Address: 309 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: ROWE, JEANETTE
Address: 225 E. NEW HAMPSHIRE STREET #2
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HILL, SEAN
Address: 935 SUNNY DELL DR.
City-St-Zip: ORLANDO, FL 32818

Title: VP (X) Change () Addition
Name: ROWE, JEANETTE
Address: 225 E NEW HAMPSHIRE #2
City-St-Zip: ORLANDO, FL 32804

Title: T (X) Change () Addition
Name: WEST, TAMMY
Address: 309 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: S () Change (X) Addition
Name: RUTH, PAUL
Address: 6415 BASIC LN
City-St-Zip: ORLANDO, FL 32810

Title: D () Change (X) Addition
Name: GRAVES, KEVIN
Address: 225 E. HAMPSHIRE #10
City-St-Zip: ORLANDO, FL 32804

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: NANCY WARREN

AGEN

04/27/2009

Electronic Signature of Signing Officer or Director

Date