**FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). Aug 22 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 (1) DOCUMENT # N07790 HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O MIAMI MANAGEMENT INC C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE MIAMI FL 33186 14275 SW 142 AVE DO NOT WRITE IN THIS SPACE MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report บร 02/22/1985 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2643108 Not Applicable c/o Lakeview Managemen c/o Lakeview Managemen Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 13388 S.W 13388 S.W 128th Stree Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Miami, 23 Trust Fund Contribution Added to Fees Miami, Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 30 25 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KOBRIN, DAVIV A 82 Street Address (P.O. Box Number is Not Acceptable) 8900 SW 107 AVENUE 83 **SUITE 208 MIAM! FL 33176** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (<del>4</del>) JELETE Addition . Change 1.1 TITLE TITLE PD COLE. LEROY NAME 1.2 NAME Chuck Brannock 11732 SW 118 TERRACE 1.3 STREET ADDRESS STREET ADDRESS 11441 S.W. 80th Terrace MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Miami, FL 33186 TITLE VPD DELETE 2.1 TITLE NAME MOOTH, MARCIA 2.2 NAME Thomas Nojn Miami, SFL: STREET ADDRESS 11731 SW 114 TERR 2.3 STREET ADDRESS MIAM! FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETÉ TITLE 3.1 TITLE Eliseo Paubar. Ir. **BRANNOCK, CHARLES** NAME 3.2 NAME 11367 SW 117 CT. 11732 S.W. Miami, FL 3.3 STREET ADDRESS 118th Terrace 33186 STREET ADDRESS Miami, MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP PELETE Addition TITLE 4.1 TITLE Leroy Cole 11740 S.W. **WOJNAR, THOMAS** NAME 4.2 NAME 11741 SW 116 TERRACE 116th Terrace STREET ADDRESS 4.3 STREET ADDRESS 33186 MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or benefit or on an attack ment with an address.

6.4 CITY-ST-ZIP

DEDECHIBOLADO TO /\_ CX.90 Card 200 III

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP