


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07790** (1)  
1. Corporation Name  
**HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% LAKEVIEW MANAGEMENT 13388 SW 128TH ST MIAMI FL 33186 US</b>	Mailing Address <b>% LAKEVIEW MANAGEMENT 13388 SW 128TH ST MIAMI FL 33186 US</b>
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3. Date Incorporated or Qualified <b>02/22/1985</b>	Applied For
4. FEI Number <b>59-2643108</b>	Not Applicable

2. Principal Place of Business 21 <b>90 Zimmerman Harconi</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>Zimmerman Harconi</b> Suite, Apt. #, etc.
22 <b>13320 SW 128 St</b> City & State	27 <b>13320 SW 128 St</b> City & State
23 <b>Miami FLA</b> Zip	28 <b>Miami FLA</b> Zip
24 <b>33186</b> Country	29 <b>33186</b> Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KOBRIN, DAVI A**  
8900 SW 107 AVENUE  
SUITE 206  
MIAMI FL 33176

→ Spelling Correction →

10. Name and Address of New Registered Agent

81 Name <b>DAVID A KOBRIN</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>COLE, LEROY</b>		1.2 NAME <b>Claudia Cuellar</b>	
STREET ADDRESS <b>11740 SW 116TH TERR</b>		1.3 STREET ADDRESS <b>11820 SW 117 PLACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>		1.4 CITY-ST-ZIP <b>MIAMI, FLA 33186</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DAUBAR, ELISEO JR</b>		2.2 NAME <b>John Edwards</b>	
STREET ADDRESS <b>11732 SW 118TH TERR</b>		2.3 STREET ADDRESS <b>11724 SW 119 TERR</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>		2.4 CITY-ST-ZIP <b>MIAMI FLA 33186</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del><b>BRANNOCK, CHUCK</b></del>		3.2 NAME	
STREET ADDRESS <del><b>11411 SW 60TH TERR</b></del>		3.3 STREET ADDRESS	
CITY-ST-ZIP <del><b>MIAMI FL</b></del>		3.4 CITY-ST-ZIP	
TITLE <b>SD-SPD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOJNAR, THOMAS</b>		4.2 NAME	
STREET ADDRESS <b>11741 SW 116 TERRACE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33186</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 or 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 if changed, or on an attachment with an address.

SIGNATURE: **THOMAS WOJNAR, TRUAS 1-27-98**

CR2E037 (10/97)