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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07790

1. Corporation Name

HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O ZIMMERMAN MARCONI
 13320 SW 128TH ST
 MIAMI FL 33186
 US

Mailing Address

ZIMMERMAN MARCONI
 13320 SW 128TH ST
 MIAMI FL 33186
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/22/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2643108
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KORBRIN, DAVID A
8900 SW 107 AVENUE
SUITE 206
MIAMI FL 33176

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	D MALOLY, LINDA (ADD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, LEROY	1.2 NAME	11736 SW 116 TE
STREET ADDRESS	11740 SW 116TH TERR	1.3 STREET ADDRESS	MIAMI, FL 33186
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D WELLS, SCOTT (ADD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUBAR, ELISEO JR	2.2 NAME	11833 SW 117 CT
STREET ADDRESS	11732 SW 118TH TERR	2.3 STREET ADDRESS	MIAMI, FL 33186
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUELLAR, CLAUDIA	3.2 NAME	
STREET ADDRESS	11820 SW 117 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOJNAR, THOMAS	4.2 NAME	
STREET ADDRESS	11741 SW 116 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JOHN	5.2 NAME	
STREET ADDRESS	11724 SW 119 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT WELLS	6.2 NAME	
STREET ADDRESS	11833 SW 117 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	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, with all other like empowered.

SIGNATURE:

Signature Required ELISEO DAUBAR, JR 1/16/99 305 254-1521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)