


**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

2006 OCT -3 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N07790</b>					
1. Entity Name HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ALTON MADISON PROPERTY MANAGEMENT 381 N KROME AVENUE #205 HOMESTEAD, FL 33090 US			Mailing Address C/O ALTON MADISON PROPERTY MANAGEMENT PO BOX 901773 HOMESTEAD, FL 33030 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2643108	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMONS, BARRY 9100 S DADELAND BLVD SUITE 400 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNNING, MARC 11725 SW 116 TERRACE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL HOYLE 11542 SW 117 CT MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUAREZ, YVONNE 11737 SW 117 COURT MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL MUSKAT 10775 SW 133 TER MIAMI, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOJNAR, THOMAS 11741 SW 116 TERRACE MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080385294 10/03/06--01015--013 *\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOSTOPOUDOS, CHERYL 11744 SW 118 TERRACE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALICE BENNETT 11722 SW 114 TER MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSKAT, PHILLIP 10775 SW 133 TERRACE MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKARD, CAROLYN 11729 SW 116 TERRACE MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>MAL</u>		Date: 9-29-06		Daytime Phone #: 305-342-4772	

10/4/06