

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07790

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALTON MADISON PROPERTY MANAGEMENT  
381 N KROME AVENUE #205  
HOMESTEAD, FL 33090 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALTON MADISON PROPERTY MANAGEMENT  
PO BOX 901773  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 59-2643108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMONS, BARRY  
9100 S DADELAND BLVD  
SUITE 400  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

SIEGFRIED & ASSOCIATES  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

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: MARIA ARIAS, ESQ

04/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HOYLE, PAUL  
Address: 11542 SW 117 COURT  
City-St-Zip: MIAMI, FL 33186

Title: VPD ( ) Delete  
Name: SUAREZ, YVONNE  
Address: 11737 SW 117 COURT  
City-St-Zip: MIAMI, FL 33186

Title: PD ( ) Delete  
Name: WOJNAR, THOMAS  
Address: 11741 SW 116 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete  
Name: BENNETT, ALICE  
Address: 11722 SW 114 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: MUSKAT, PHILLIP  
Address: 10775 SW 133 TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete  
Name: PICKARD, CAROLYN  
Address: 11729 SW 116 TERRACE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOSS, AARON  
Address: 11726 SW 114 TERRACE  
City-St-Zip: MIAMI, FL 33186

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: T WOJNAR

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date