## 3-4-9-1 B-2613 C FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N16581

(3)

THE VILLAS OF HAMPSHIRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 04 1997 8:00am Secretary of State



3700 CLUBHOUSE LN BOYNTON BEACH FL 33436		3700 CLUBHOUSE LN BOYNTON BEACH FL 33436-6217						
					3. Date Incorporated or Qualified 08/29/1986	3a. Date of Last F 03/20/19		
Principal Place of Business 2a. Mailing Address				***************************************	4. FEI Number		pplied For	
21		26			59-2843903	<del></del>	ot Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				60 7E	Additional	
22		27			5. Certificate of Status Desired		equired	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try	This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent		41 51	10. Name and Address of New Re	gistered Agent		
			ľ	1 Name				
DUFRESNE, DONALD P ESQ				2 Street	Street Address (P.O. Box Number is Not Acceptable)			
DUFRESNE & WITOWSKI, PA								
12788 FOREST HILL BLVD			6	3				
WELINGTON FL 33414			6	4 City		FL 85 Zip	Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abo	ve-named	corporation submits this statement for the p	surpose of changing i	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 _	Signature: typed or printed name of registered agen	t and title if applicable (NOT	E: Registered /	gent signature	required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITU	E		☐ Change	☐ Addition	
NAME	HOLLANDER, LEONARD	1.2		E				
STREET ADDRESS	ESS 3700 CLUBHOUSE LN		1.3 STR	ET ADDRESS				
CITY - ST - ZIP	BOYNTON BEACH FL 33436		1.4 CITY	-ST-ZIP				
TITLE	TD	☐ DELETE	2.1 TITU	<u> </u>		Change	Addition	
NAME	YARFITZ, LEO 2.2		2.2 NAM	E				
STREET ADDRESS	3700 CLUBHOUSE LN		2.3 STR	ET ADDRESS				
CITY - ST - ZIP	BOYNTON BEACH FL 33436		2.4 CIT	Y-ST-ZIP				
TITLE	* · · · · · · · · · · · · · · · · · · ·		3.1 TITU			Change	Addition	
NAMÉ	PERIOR ALLA		3.2 NAM					
STREET ADDRESS	ATTAC CLUBUOLICE IN		•	ET ADDRESS				
CITY - ST - ZIP	DOMETON OF A OLI FLAGAGO			-ST-ZIP				
TITLE	D	DELETE 4.11		<del></del>		Change	Addition	
NAME	WECHSLER, NATE	<del></del>	4. 2 NA					
STREET ADDRESS	3700 CLUBHOUSE LANE			ET ADDRESS				
CITY-ST-7IP	BOYNTON BEACH FL 33436	** - #- #		-ST-ZIP				
TITLE	VD	X DELETE	5.1 TITL		VD	Channe	XXAddition	
NAME	GURIN, NATALIE	ALL VALLE	5.2 NAV		Moyer, Richard	C Change	MONION VICENION	
	3700 CLUBHOUSE LN				3700 Clubhouse Lan			
STREET ADDRESS				ET ADDRESS				
CITY-S1-ZIP	BOYNTON BEACH FL 33436	DELETE		-ST-ZIP	Boynton Beach, FL		Addition	
TITLE		□ ottete	6.1 TITL			L. Change	LJ ADDRION	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRI	ET ADDRESS				
CITY - S1 - ZIP			6.4 CITY	-ST-ZIP				

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 13 if changed, or on an attachment with an address.