

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07790

**Entity Name:** HAMPSHIRE HOMES HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC5962341843****Current Principal Place of Business:**C/O ALTON MADISON PROPERTY MANAGEMENT  
381 N KROME AVENUE #205  
HOMESTEAD, FL 33030**Current Mailing Address:**C/O ALTON MADISON PROPERTY MANAGEMENT  
381 N KROME AVENUE #205  
HOMESTEAD, FL 33030 US**FEI Number: 59-2643108****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKRLD, INC  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title TD  
Name HOYLE, PAUL  
Address 381 N KROME AVE 205  
City-State-Zip: HOMESTEAD FL 33030Title D  
Name HOLMES, KATHLEEN  
Address 381 N KROME AVE 205  
City-State-Zip: HOMESTEAD FL 33030Title PD  
Name WOJNAR, THOMAS  
Address 381 N KROME AVE 205  
City-State-Zip: HOMESTEAD FL 33030Title SD  
Name BENNETT, ALICE  
Address 381 N KROME AVE 205  
City-State-Zip: HOMESTEAD FL 33030Title VPD  
Name MUSKAT, PHILLIP  
Address 381 N. KROME AVE, #205  
City-State-Zip: HOMESTEAD FL 33030Title D  
Name VENEDICTO, MAURICIO  
Address 381 N. KROME AVE, #205  
City-State-Zip: HOMESTEAD FL 33030Title D  
Name SANTIAGO, CARMEN  
Address 381 N KROME AVENUE, SUITE 205  
City-State-Zip: HOMESTEAD FL 33030

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS WOJNAR****P****04/30/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date