

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714194 (8)
1. Corporation Name
NORTH HAMPTON COURT ASSOCIATION, INC.



Principal Place of Business: 1965 S.E. 5TH COURT, POMPANO BEACH FL 33060, US
Mailing Address: ~~CLEGG JAMES, 1750 N.E. 10TH CT., FT. LAUDERDALE FL 33334, US~~

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 1965 SE 5th CT; 27 POMPANO BEACH; 28 FLORIDA; 29 33060; 30 US

3. Date Incorporated or Qualified: 03/04/1968; 3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-1287502; Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MCCORMICK, CARMEL, 1971 S.E. 5TH COURT, APT. 203-E, POMPANO BEACH FL 33060

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: FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASSER, DELITE	
STREET ADDRESS	490 S.E. 19TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAFT, GERALD	
STREET ADDRESS	1965 SE 5TH CT.	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYHTE, DONALD	
STREET ADDRESS	1965 SE 5TH COURT	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STELLATO, MICHAEL	
STREET ADDRESS	1971 S.E. 5TH CT.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARUSO, JOSEPH	
STREET ADDRESS	1971 SE 5TH COURT	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL, LAWRENCE	
STREET ADDRESS	1965 S.E. 5TH CT.	
CITY-ST-ZIP	POMPANO BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Carmel F. McCormick, Pres. 4/23/96 954-942-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)