## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1997 8:00am

Secretary of State

Daytime Phone # 0025218

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT #

714194

(8)

Mailing Address

NORTH HAMPTON COURT ASSOCIATION, INC.

1965 S.E. STH COURT POMPANO BEACH FL 33060 US		1965 SE 6TH CT 1750 N.E. 48TH CT.			
		POMPAÑO BEACH FL 33080-7662			
				3. Date Incorporated or Qualified 03/04/1968	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 1965 S.E.	54m 07.	59-1287502	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1	5. Certificate of Status Desired	S8.75 Additional
22		27		U. Commodic of dialog begined	Fee Required
City & State	e	City & State	£21	6. Election Campaign Financing	\$5.00 May Be
23		28 POMPANO,	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 22/1/2/	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curren		10 U.S.A.		Yes No
<del></del>	5. Name and Address of Curren	r Hadistelan Wasiir	81 Name	10. Name and Address of New Reg	jistered Agent
MOOOD	MOV OADAF		U I I I I I I I I I I I I I I I I I I I		
MCCORMICK, CARMEL			82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
	E. 5TH COURT, APT. 203-E		83		
PUMPAN	NO BEACH FL 33060		63		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes	the above-named cor	poration submits this statement for the pe	urnose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corpora	ition's board of directors. I hereby accep	t the appointment as registered
		ations of, Section 617,0503, Fiori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agei	nt and trile if applicable (NOTE:	Registered Agent signature regu	fred when reinstation)	<del>-97</del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	GLASSER, DELITE		1.2 NAME		
STREET ADDRESS	490 S.E. 19TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAFT, GERALD		2.2 NAME		
STREET ADDRESS	1965 SE 5TH CT.		2.3 STREET ADDRESS		
CITY - ST - ZIP	POMPANO BCH, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	WYHTE, DONALD		3.2 NAME		
STREET ADDRESS	1965 SE 5TH COURT		3.3 STREET ADDRESS		
CiTY-ST-ZiP	POMPANO BCH, FL 00000		3.4. CITY-ST-ZIP		
TITLE	<b>Q</b> _	DELETE	4.1 TITLE		Change Addition
NAME	STECHAIO, MICHAEL		4. 2 NAME		<del>,</del>
STREET ADDRESS	1971 S.E. 5111 CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		4.4 CITY - ST - ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		Change Addition
NAME	CARUSO, JOSEPH		5.2 NAME		_
STREET ADDRESS	1971 SE 5TH COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000		5.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	DANIEL, LAWRENCE		6.2 NAME		-
STREET ADDRESS	1965 S.E. 5TH CT.		6.3 STREET ADDRESS		
CITY - ST - ZIP	POMPANO BCH. FL		6.4 CITY-ST-ZIP		
14. I do heret	ov certify that the information supplied	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
l am an ol	n indicated on this annual tenort of si	upplemental annual report is tru the receiver or trustee empower	e and accurate and tha red to execute this repo	it my signature shall have the same legal ort as required by Chapter 617, Florida St	affect as if made under eath: that I