


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90074 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714194**

1. Corporation Name  
**NORTH HAMPTON COURT ASSOCIATION, INC.**

\* 3 7 2 4 6 4 \*

372464 - 90036 - 39

Principal Place of Business 1965 S.E. 5TH COURT POMPANO BEACH FL 33060 US	Mailing Address 1965 S.E. 5TH CT. <del>1350 N.E. 40TH CT.</del> POMPANO BEACH FL 33060 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>1965 S.E. 5th Ct.</b>	3. Date Incorporated or Qualified <b>03/04/1968</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-1287502</b>
City & State 23	City & State 28 <b>POMPANO BEACH, FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip Country 24 <b>33060</b> 25	Zip Country 29 <b>33060</b> 30 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>MCCORMICK, CARMEL</b> <b>1971 S.E. 5TH COURT, APT. 203-E</b> <b>POMPANO BEACH FL 33060</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			<b>FL</b>
			85 Zip Code

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 **CARMEL M. MCCORMICK - Pres.** DATE **1-15-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLASSER, DELITE</b>	1.2 NAME	
STREET ADDRESS	<b>490 S.E. 19TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAFT, GERALD</b>	2.2 NAME	
STREET ADDRESS	<b>1965 SE 5TH CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHYTE, DONALD</b>	3.2 NAME	
STREET ADDRESS	<b>1965 SE 5TH COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARUSO, JOSEPH</b>	4.2 NAME	
STREET ADDRESS	<b>1971 SE 5TH COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIEL, LAWRENCE</b>	5.2 NAME	
STREET ADDRESS	<b>1965 S.E. 5TH CT.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH, FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other persons empowered.

SIGNATURE: **Donald W. Whyte, Director** DATE: **1-12-99** TELEPHONE: **954-355-1888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)