

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91081 008 \*\*\*\*61.25

**DOCUMENT # 714194**

1. Entity Name

**NORTH HAMPTON COURT ASSOCIATION, INC.**



Principal Place of Business

**1965 S.E. 5TH COURT  
POMPANO BEACH FL 33060  
US**

Mailing Address

**CDS MANAGEMENT & REAL ESTATE GROUP INC  
300 SOUTH PINE ISLAND ROAD SUITE 238  
PLANTATION FL 33324  
US**

2. Principal Place of Business

3. Mailing Address

**1965 SE 5th Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pompano Beach FL**

4. FEI Number **59-1287502**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33060**

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

[REDACTED]

**SUNDANCE PROPERTY MANAGEMENT  
11510 W. SAMPLE ROAD - STE 5  
CORAL SPRINGS FL. 33065  
954-255-6888**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**GLENN STOUTT III CEO**

**Glenn R. Stoutt III CEO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT GLASSER, DELITE 490 S.E. 19TH AVE POMPANO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS VOLKMAN, JOAN 1965 SE 5TH CT. POMPANO BEACH FL 33060</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHYTE, DONALD 1965 SE 5TH COURT POMPANO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WHYTE, DONALD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CARUSO, JOSEPH 1971 SE 5TH COURT POMPANO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MULLER, ANNA 1971 SE 5TH COURT POMPANO BEACH FL 33060</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SWARZBAUGH, JASON 490 SE 19TH AVE POMPANO BEACH FL 33060</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

**SIGNATURE: JOAN VOLKMAN (Secy) 2/11/03 954-942-1929**

CR2E037 (10/02)