## 2006 NOT-FOR-PROFIT CORPORATION

## FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90376 040 \*\*\*\*70.00

## **ANNUAL REPORT** DOCUMENT # N05000009685

SIGNATURE:

SOUTHAMPTON PROPERTY OWNERS ASSOCIATION. 40061183 Principal Place of Business K. HOWANIAN Homes Mailing Address C/O HOVSTONE PROPERTIES FLORIDA, LLC. C/U HUVSTUNE PROPERTIES FLORIDA, LLC: 1275 GATEWAY BLVD 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 93426 2. Principal Place of Business - HOUNANIAN ENT INC omes Suite, Apt. #, etc. 03102006 Chg-NP CR2E037 (11/05) 4. FEI Number City & State Applied For MORIS. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, TIMOTHY R 1275 GATEWAY BLVD Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL 33426 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PΩ ☐ Delete TITLE ☐ Change ☐ Addition KELLY, TIMOTHY R NAME NAME STREET ADDRESS 1275 GATEWAY BLVD. STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-7IP CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LILLER, STEPHEN B NAME NAME STREET ADDRESS 1275 GATEWAY BLVD STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition PLATT, RONALD L NAME NAME STREET ADDRESS 1275 GATEWAY BLVD. STREET ADDRESS BOYNTON BEACH; FL 33426 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #