2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State
02-28-2007 90001 046 ****70.00

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1. Entity Name
SOUTHAMPTON PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
K. HOUNANIAN HOMES 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426	C/O A&N MANAGEMENT, INC. 6413 CONGRESS AVE #220 BOCA RATON, FL 33487 c/o A & N MGMT 902 CLINT MOORE RD #110 BOCA RATON, FL 33487

40025404

01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1260695
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY R
1275 GATEWAY BLVD
BOYNTON BEACH, FL 33426

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLY, TIMOTHY R
STREET ADDRESS	1275 GATEWAY BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	TD
NAME	LILLER, STEPHEN B
STREET ADDRESS	1275 GATEWAY BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	SD
NAME	PLATT, RONALD L
STREET ADDRESS	1275 GATEWAY BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Timothy R. Kelly, President 1/30/07 561-364-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #