## 2008 NOT-FOR-PROFIT CORPORATION

## Feb 25, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N05000009685** 02-25-2008 90040 030 \*\*\*\*70.00 SOUTHAMPTON PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O A&N MANAGEMENT, INC. K. HOVNANIAN HOMES 902 CLINT MOORE RD., 110 1275 GATEWAY BLVD BOCA RATON, FL 33487 BOYNTON BEACH, FL 33426 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E037 (12/06) Cha-NP 4. FEI Number 65-1260695 City & State Applied For City & State Not Applicable Zip Country 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 HODGES, MARK\S 1275 GATEWAY B BOYNTON BEACA FL 33426 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE HODGES, MARK S NAME NAME 1275 GATEWAY BLVD. STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP CITY-ST-ZIP ΤĐ ☐ Delete TITLE ☐ Change ☐ Addition TITLE LILLER, STEPHEN B NAME STREET ADDRESS 1275 GATEWAY BLVD. STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP CITY\_ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition PLATT, RONALD L NAME NAME STREET ADDRESS 1275 GATEWAY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33426 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

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 distance or distan

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

Daytime Phone #

☐ Change

☐ Addition