


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90094 031 ****61.25

DOCUMENT # N98000003566	
1. Entity Name SOUTHAMPTON NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 10034 W. MCNAB ROAD TAMARAC FL 33321	Mailing Address 10034 W. MCNAB ROAD TAMARAC FL 33321
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0857339	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PKWY WESTON FL 33326

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By: May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	BANKS, GEORGE	10034 MCNAB RD	TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VD	MANDELIP, ARNOLD	10034 W. MCNAB RD	TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD	MARGOLIS, CONNIE	10034 W. MCNAB RD	TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	ZIMBLER, ANEL	10034 W. MCNAB RD	TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	JACOBI, CHARLES	10034 W. MCNAB RD	TAMARAC FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **2/10/06** **954 718 5773**