

2000 UNIFORM BUSINESS REPORT (UBR)

2/23

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-23-2000 90026 006 ****61.25

DOCUMENT # N98000005124

1. Entity Name

SOUTHAMPTON CONDOMINIUM D ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7600 NOB HILL ROAD
 TAMARAC FL 33321

7600 NOB HILL ROAD
 TAMARAC FL 33321-1829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942585

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fees Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
 100 SE 2ND STREET
 SUITE 2800
 MIAMI FL 33131-2144

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	RIEFS, MARTIN L	7600 NOB HILL ROAD	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SCHRAGER, MARLENE	7600 NOB HILL ROAD	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	EVANS, APRYL	7600 NOB HILL ROAD	TAMARAC FL 33321	<input checked="" type="checkbox"/>	STD	ROBINSON, SUE	7600 NOB HILL ROAD	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Martin L Riefs* **REGISTERED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 (954) 734-4015
 Date Daytime Phone #