

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90042 015 \*\*\*\*61.25

DOCUMENT # N98000005124

1. Entity Name

SOUTHAMPTON CONDOMINIUM D ASSOCIATION, INC.



Principal Place of Business

7600 NOB HILL ROAD  
TAMARAC FL 33321

Mailing Address

7600 NOB HILL ROAD  
TAMARAC FL 33321

2. Principal Place of Business

10034 W McNab Rd

3. Mailing Address

10034 W McNab Rd



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-094 APPLIED FOR 2585

Applied For  
Not Applicable

Zip  
33321

Country  
USA

Zip  
33321

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Consolidated Community Management  
Street Address (P.O. Box Number is Not Acceptable):  
10034 W McNab Road  
City: TAMARAC FL Zip Code: 33321

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 type or printed name of registered agent and title if applicable

James Miles

(NOTE: Registered Agent signature required when reinstating)

7-6-2001

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | RIEFS, MARTIN L          |  |
| STREET ADDRESS | 7600 NOB HILL ROAD       |  |
| CITY-ST-ZIP    | TAMARAC FL 33321         |  |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHRAGER, MARLENE        |  |
| STREET ADDRESS | 7600 NOB HILL ROAD       |  |
| CITY-ST-ZIP    | TAMARAC FL 33321         |  |
| TITLE          | STD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | ROBINSON, SUE            |  |
| STREET ADDRESS | 760 NOB HILL RD          |  |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33321 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |   |
|----------------|-------------------------------|---|
| TITLE          | PD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | ANEL ZIMBLER                  |   |
| STREET ADDRESS | 7647 SOUTHAMPTON TERRACE #406 |   |
| CITY-ST-ZIP    | TAMARAC, FL 33321             |   |
| TITLE          | VD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | DONALD FREEMAN                |   |
| STREET ADDRESS | 7647 SOUTHAMPTON TERRACE #202 |   |
| CITY-ST-ZIP    | TAMARAC, FL, 33321            |   |
| TITLE          | STD                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | MILICENT SIECOFF              |   |
| STREET ADDRESS | 7647 SOUTHAMPTON TERRACE #206 |   |
| CITY-ST-ZIP    | TAMARAC, FL 33321             |   |
| TITLE          | TD                            | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JULIA BERKOWITZ               |   |
| STREET ADDRESS | 7647 SOUTHAMPTON TER. #217    |   |
| CITY-ST-ZIP    | TAMARAC, FL, 33321            |   |
| TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | AL S C H E C T E R            |   |
| STREET ADDRESS | 7647 SOUTHAMPTON, TER. #407   |   |
| CITY-ST-ZIP    | TAMARAC, FL 33321             |   |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                               |   |
| STREET ADDRESS |                               |   |
| CITY-ST-ZIP    |                               |   |

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:

*SIG. REQUIRED DIRECTLY*  
Treasurer 7/10/01

728-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

THIS PAPER CONTAINS AN ARTIFICIAL WATERMARK. HOLD UP TO A STRONG LIGHT TO VIEW.

63-795/970

718086

KISLAK NATIONAL BANK  
PLANTATION, FL 33322

CHECK NO. 001195 CHECK DATE 02/02/01 VENDOR NO. DEPART

SOUTHAMPTON CONDOMINIUM D  
C/O CCM, INC.  
P.O. BOX 9490  
CORAL SPRINGS, FL 33075

CHECK AMOUNT

SIXTY-ONE AND 25/100 DOLLARS \*\*\*\*\*  
020367935 1503 1404 01 02-21-01 \$\*\*\*\*\*61.25

PAY TO THE ORDER OF  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302

*Steve Bullock*  
*Donald Free*  
AUTHORIZED SIGNATURE

⑈001195⑈ ⑆067007952⑆ 51011886⑈06 ⑆0000006125⑈

THIS PAPER CONTAINS AN ARTIFICIAL WATERMARK. HOLD UP TO A STRONG LIGHT TO VIEW.

Attachment  
#N9810633  
000005124