

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 4:01

2002

DOCUMENT # **N99000001236**

1. Entity Name
**SOUTHAMPTON AT KINGS POINT
CONDOMINIUM & ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7600 NOB HILL RD

3. Mailing Address
**GOLDMAN, JUDA & MARTIN, P.A.
8211 WEST BROWARD BLVD.
SUITE #PH1 - FIFTH FLOOR
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

City & State
TAMARAC, FL

City & State
PLANTATION, FL 33324

4. FEI Number
65-0857341

Applied For
Not Applicable

Zip
33321

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KTG + S REGISTERED AGENT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
NATIONS BANK TOWER
100 S.E. 2ND STREET, SUITE 2800
City
MIAMI FL Zip Code
33131-2144

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 _____ DATE _____
Signature of principal or president of registered agent and, if applicable, registered agent. NOTE: Registered agent signature required when changing.

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Accred to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **RIEFS, MARTIN**
STREET ADDRESS **7600 NOB HILL RD**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100005692701--4
-06/05/02--01057--008
*****61.25 *****61.25**

TITLE **DVP**
NAME **SCHRAGER, MARLENE**
STREET ADDRESS **8190 STATE RD R4**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PST**
NAME **MURPHY, ELIZABETH**
STREET ADDRESS **7600 NOB HILL RD**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marlene Schrage* 4/30/02 (954) 370-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City and Phone #

CR2E037B (12/01)