

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

003973

DOCUMENT # N99000001236

1. Entity Name

SOUTHAMPTON AT KINGS POINT CONDOMINIUM C ASSOCIA
TION, INC.



FILED

03 MAY -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7600 NOB HILL RD.
TAMARAC FL 33321

Mailing Address

7600 NOB HILL RD.
TAMARAC FL 33321

2. Principal Place of Business

c/o CCM, Inc
10034 W McNab Road
Tamarac, FL 33321
City & State

3. Mailing Address

c/o CCM, Inc
10034 W McNab Road
Tamarac, FL 33321
City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0857341

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
NATIONSBANK TOWER
100 S.E. 2ND ST., STE. 2800
MIAMI FL 33131-2144

7. Name and Address of New Registered Agent

Name James R. Miles
Street c/o CCM, Inc (table)
10034 W McNab Road
Tamarac, FL 33321
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RIEFS, MARTIN	
STREET ADDRESS	7600 NOB HILL RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	8190 STATE RD 84	
CITY-ST-ZIP	DAVE FL 33324	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, ELIZABETH	
STREET ADDRESS	7600 NOB HILL	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK, PAUL	
STREET ADDRESS	c/o CCM, Inc	
CITY-ST-ZIP	10034 W McNab Road Tamarac, FL 33321	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWEN, MARTY	
STREET ADDRESS	c/o CCM, Inc	
CITY-ST-ZIP	10034 W McNab Road Tamarac, FL 33321	
TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTERA, ANTHONY	
STREET ADDRESS	c/o CCM, Inc	
CITY-ST-ZIP	10034 W McNab Road Tamarac, FL 33321	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, ROBERT	
STREET ADDRESS	c/o CCM, Inc	
CITY-ST-ZIP	10034 W McNab Road Tamarac, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, BERNIE	
STREET ADDRESS	c/o CCM, Inc	
CITY-ST-ZIP	10034 W McNab Road 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:

James R. Miles 4/2/03

954-724-2020

CR2E037 (10/02)