

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003566

**Entity Name:** SOUTHAMPTON NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321

**FEI Number:** 65-0857339

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PKWY  
WESTON, FL 33326 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LEVY JACOBS, BARBARA  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title           PD  
Name           ZIMBLER, ANEL  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title           SD  
Name           BRAUN, ELEANOR  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title           VP  
Name           ROSEN, STANLEY  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANEL ZIMBLER

**PRESIDENT**

**04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date