

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005124

**Entity Name:** SOUTHAMPTON CONDOMINIUM D ASSOCIATION, INC.

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC8096987407**

**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: 64-0942585**

**Certificate of Status Desired: No**

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

BROUGH, DAVID LESQ  
1900 N. COMMERCE PARKWAY  
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 VP  
Name BLUMBERG, NORTON  
Address 7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name HYATT, LORRAINE  
Address 7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name BUSCAGLIA, ADRIENNE  
Address 7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321

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

Title SECRETARY  
Name MITCHEL, THOMAS  
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: ADRIENNE BUSCAGLIA**

**PRESIDENT**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date