2000 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2000 8:00 am Secretary of State **DOCUMENT # 714194** 1. Entity Name NORTH HAMPTON COURT ASSOCIATION, INC. 05-09-2000 90034 022 ****61.25 Principal Place of Business Mailing Address 1965 S.E. 5TH CT. 1965 S.E. 5TH COURT POMPANO BEACH FL 33060-7662 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1287502 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Delite Glasser Street Ad 490 SE 19th Ave. N. W101 Pompano Beach, FL 33060-7666 MCCORMICK, CARMEL 1971 S.E. 5TH COURT, APT. 203-E POMPANO BEACH FL 33060 Zip Code City 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition DT TITLE ☐ Delete TITLE GLASSER, DELITE NAME NAME STREET ADDRESS STREET ADDRESS 490 S.E. 19TH AVE CITY-ST-ZIP CITY-ST-ZIE POMPANO BEACH FL Change Delete Addition TITLE DUFF, MARY 1965 SE STH COURT NAME NAME **GRAFT, GERALD** STREET ADDRESS STREET ADDRESS 1965 SE 5TH CT. CITY-ST-7IP CITY-ST-ZIP POMPANO SCH POMPANO BCH, FL 00000 ☐ Addition **Change** ☐ Delete TITLE TITLE NAME WYHTE, DONALD STREET ADDRESS STREET ADDRESS 1965 SE 5TH COURT CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH, FL 00000 Change ☐ Addition DР Delete TITLE TITLE D۷ NAME NAME CARUSO, JOSEPH STREET ADDRESS STREET ADDRESS 1971 SE 5TH COURT CITY-ST-7IP CITY-ST-ZIP POMPANO BCH, FL 00000 Addition Delete Change TITLE MULLER, ANNA 1971 SE JTH COURT NAME DANIEL, LAWRENCE STREET ADDRESS STREET ADDRESS 1965 S.E. 5TH CT. CITY-ST-ZIP CITY-ST-ZIP PAMPANO ACH FL POMPANO BCH. FL ☐ Addition TITLE ☐ Delete TITI F

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-7IP

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