## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Aug 19, 2004 8:00 am Secretary of State

DOCUMENT # 714194						08-19-20	004 9005	5 037 ****	61.25	
1. Entity Name NORTH HAMPTON COURT ASSOCIATION, INC.										
1965 S.E. 5TH COURT 1965 S.		ng Address is S.E. <u>5TH Court</u> Apano Beach, FL 33060 US			24080364					
)! h										
Principal Place of Business     3.		3. Mailing Address 11510 W. SAMPLE RD		RD				1111    111  110  1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08062004	Chg-NP	CR2	E037 (10/03)		
City & State		City & State SPRINGS , F		FL	4. FEI Number         Applied For           59-1287502         Not Applicable					
Zip (	Country	3065	Country		5.** Certificate	of Status Desire	ed 🎷 🖸	\$8.75 Ac		
6. Name and Address of Current Registered Age		red Agent		7. Name and Address of New Registered Agent						
SUNDANCE PROPERTY MANAGEMENT CORPORATION			Name							
11510 W. SAMPLE RD.			Street Ad	ddress (P	O. Box Numbe	er is Not Accept	table)			
SUITE 5 CORAL SPRINGS, FL 33065										
t 1			City				F	Zip Co	de	
8. The above named entity sub-		rpose of changing its	registered office or	registere	d agent, or bot	h, in the State o	of Florida. 1	am familiar with	, and accept	
in obligations of registeres	agom.								1	
;										
SIGNATURE	ed name of registered agent and title if	applicable. (NOTE	: Registered Agent signatur	re required v	hen reinstating)		DA	TE	<u></u>	
Signature, typed or print		-				Z T T T T T T T T T T T T T T T T T T T	\$4.55 P. F.			
	\$61.25	-	onaign Financing		then renstating) \$5.00 May Badded to Fees	ie Zasas	Make ch	eck payable partment of \$	i	
Signature, typed or pret	\$61.25	9. Election Cam Trust Fund C	onaign Financing		\$5.00 May B Added to Fees	ic I	Make ch Florida De	eck payable partment of \$	State	
Filing Fcc is Due by Septem  10. IITE DT	\$61.25 Iber 8, 2004 OFFICERS AND DIRECTOR	9. Election Cam Trust Fund C	npaign Financing Contribution.	□ A	\$5.00 May B Added to Fees	ANGES TO OFF	Make ch Florida De ICERS AND	eck payable partment of \$0 DIRECTORS I	State	
Filing Fcc is Due by Septem  10.  IITLE DT NAME GLASSER, DE	\$61.25 Iber 8, 2004 OFFICERS AND DIRECTOR	9. Election Carr Trust Fund C	nnaign Financing contribution.	□ A	\$5.00 May B Added to Fees	ANGES TO OFF	Make ch Florida De ICERS AND	eck payable partment of \$0 DIRECTORS I	State N 10	
Filing Fcc is Due by Septem  10.  IITLE DT GLASSER, DE STREET ADDRESS 490 S.E. 19TH	\$61.25 Iber 8, 2004 OFFICERS AND DIRECTOR	9. Election Carr Trust Fund C	nnaign Financing contribution.  11. TITLE NAME STREET ADDRESS	□ A	\$5.00 May B Added to Fees DDITIONS/CHA	ANGES TO OFF	Make che Florida De ICERS AND	neck payable partment of s DIRECTORS ( Change	State N 10	
Filing Fcc is Due by Septem  10.  IITLE DT GLASSER, DE STREET ADDRESS 490 S.E. 19TH POMPANO BE	\$61.25 Iber 8, 2004 OFFICERS AND DIRECTOR	9. Election Can Trust Fund C	nnaion Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ A	\$5.00 May B Added to Fees	ANGES TO OFF	Make ch Florida De ICERS AND	DIRECTORS I Change	N 10	
Filing Fcc is Due by Septem  10.  IITLE DT GLASSER, DE STREET ADDRESS 490 S.E. 19TH POMPANO BE  IITLE DS STREET ADDRESS CITY-ST-ZIP POMPANO BE	\$61.25 Iber 8, 2004 OFFICERS AND DIRECTOF LITE AVE EACH, FL	9. Election Carr Trust Fund C	nnaion Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ A	\$5.00 May B Added to Fees DDITIONS/CHA	ANGES TO OFF	Make che Florida De ICERS AND	neck payable partment of s DIRECTORS ( Change	State N 10	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florioa 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

SWARZBAUGH, JASON

490 SE 19TH AVE

POMPANO BEACH, FL 33060

Delete

POMPINO FLA. 33060

ARTHUR (VIM) HORTON Change

Addition

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

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 17, 2003 8:00 am Secretary of State DOCUMENT # 714194 NORTH HAMPTON COURT ASSOCIATION, INC. Principal Place of Business Mailing Address 1965 S.E. 5TH COURT SOUTH PINE ISLAND/HOAD POMPANO BEACH FL 33060 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 59-1287502 City & State Not Applicable 6. Certificate of Status Desired - - \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUNDANCE PROPERTY MANAGEMENT 11510 W. SAMPLE ROAD-STE 5 CORAL SPRINGS FL. 33065 954-255-6888 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change Addition GLASSER, DELITE NAME NAME STREET ADDRESS 490 S.E. 19TH AVE STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE Delete: HELE Change - Addition NAME VOLKMAN, JOAN NAME STREET ADDRESS 1965 SE 5TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 D WHYTE TITLE Delete ☐ Addition MOMBE, DONALD WHYTE, DONALD NAME NAME STREET ADDRESS 1965 SE 5TH COURT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIF TITLE Delete TITLE Dν Addition CARUSO, JOSEPH NAME NAME 1971 SE 5TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-216 CITY-ST-ZIP POMPANO BEACH FL ☐ Delete HUE TITLE Change ☐ Addition MULLER, ANNA NAME NAME 1971 SE 5TH COURT STREET ADORESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition SWARZBAUGH, JASON NAME NAME STREET ADORESS 490 SE 19TH AVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP 12. Thereby 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. SIGNA SIGNATURE: .

**FILED**