

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-19-2004 90055 037 ****61.25

DOCUMENT # 714194

1. Entity Name
NORTH HAMPTON COURT ASSOCIATION, INC.



Principal Place of Business
1965 S.E. 5TH COURT
POMPANO BEACH, FL 33060 US

Mailing Address
1965 S.E. 5TH COURT
POMPANO BEACH, FL 33060 US

24080364



2. Principal Place of Business

3. Mailing Address

11510 W. SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 5

08062004

Chg-NP

CR2E037 (10/03)

City & State

City & State

CORAL SPRINGS, FL

4. FEI Number

59-1287502

Applied For

Not Applicable

Zip

Country

Zip

Country

33065

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNDANCE PROPERTY MANAGEMENT CORPORATION
11510 W. SAMPLE RD.
SUITE 5
CORAL SPRINGS, FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Filing Fee is \$61.25
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT
NAME GLASSER, DELITE ☒ Delete
STREET ADDRESS 490 S.E. 19TH AVE
CITY-ST-ZIP POMPANO BEACH, FL

TITLE VT-D
NAME JOHN J. NOLAN ☐ Change ☒ Addition
STREET ADDRESS 490 SE 19TH AVE 105
CITY-ST-ZIP POMPANO FL 33060

TITLE DS
NAME VOLKMAN, JOAN ☒ Delete
STREET ADDRESS 1965 SE 5TH CT.
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME WHYTE, DONALD ☐ Delete
STREET ADDRESS 1965 SE 5TH COURT
CITY-ST-ZIP POMPANO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME CARUSO, JOSEPH ☐ Delete
STREET ADDRESS 1971 SE 5TH COURT
CITY-ST-ZIP POMPANO BEACH, FL

TITLE VB-D
NAME Mrs. Carmel McCormick ☐ Change ☒ Addition
STREET ADDRESS 1971 SE 5th Ct. Apt. 203
CITY-ST-ZIP Pompano Beach, FL 33060-7649

TITLE D
NAME MULLER, ANNA ☒ Delete
STREET ADDRESS 1971 SE 5TH COURT
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE D
NAME WILLIAM J. WHOLEY ☐ Change ☒ Addition
STREET ADDRESS 490 SE 19TH AVE # 304
CITY-ST-ZIP POMPANO FLA. 33060

TITLE D
NAME SWARZBAUGH, JASON ☒ Delete
STREET ADDRESS 490 SE 19TH AVE
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE SD
NAME ARTHUR (NIM) HORTON ☐ Change ☒ Addition
STREET ADDRESS 1965 SE 5TH CT #405
CITY-ST-ZIP POMPANO FLA. 33060

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:

John J. Nolan D.T.V.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J NOLAN 8/17/04 954-783-3047
Date Daytime Phone #

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91081 008 ****61.25

Attachment

24080364

☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # 714194			
1. Entity Name NORTH HAMPTON COURT ASSOCIATION, INC.			
Principal Place of Business 1965 S.E. 5TH COURT POMPANO BEACH FL 33060 US		Mailing Address CDS MANAGEMENT & REAL ESTATE GROUP INC 300 SOUTH PINE ISLAND ROAD SUITE 230 POMTATION FL 33024 US	
2. Principal Place of Business		3. Mailing Address 1965 SE 5th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pompano Beach FL	
Zip	Country	Zip	Country
33060	USA	33060	USA
4. FEI Number 59-1287502		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
[REDACTED]		SUNDANCE PROPERTY MANAGEMENT 11510 W. SAMPLE ROAD - STE 5 CORAL SPRINGS FL. 33065 954-255-6888	
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 GLENN R. STOUTT III CEO		SIGNATURE Glenn R. Stoutt III CEO	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GLASSER, DELITE 490 S.E. 19TH AVE POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VOLKMAN, JOAN 1965 SE 5TH CT. POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHYTE WHYTE, DONALD 1965 SE 5TH COURT POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARUSO, JOSEPH 1971 SE 5TH COURT POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, ANNA 1971 SE 5TH COURT POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARZBAUGH, JASON 490 SE 19TH AVE. POMPANO BEACH FL 33060	☐ Delete	TITLE 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.		JOAN VOLKMAN Date 2/11/03 954-942-1929	
SIGNATURE: SIGNATURE OF JOAN VOLKMAN (Secy)		Date 2/11/03 954-942-1929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (10/02)