# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # 752962 (1)

1. Corporation Name
THE WESTHAMPTON CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5165 10TH AVE N.<br>GREEN ACRES FL 33463<br>US | 5165 10TH AVE N.<br>GREEN ACRES FL 33463<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1980
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0123357 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 14884 EQUESTRIAN WAY | 26 14884 Equestrian WAY |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 W Palm Beach FL | 28 W Palm Beach FL |
| 24 Zip 33414 25 Country USA | 29 Zip 33414 30 Country US |

9. Name and Address of Current Registered Agent

CORBIN, JAMES E. JR.
1009 CHERRY LANE
WEST PALM BEACH FL 33414-5538

10. Name and Address of New Registered Agent

81 Name Leonard Schoenfeld
82 Street Address (P.O. Box Number is Not Acceptable) 14884 Equestrian WAY
83 W
84 City W. Palm Beach FL 85 Zip Code 33414

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PST | 1.1 TITLE | Pres D. | ☒ Change ☐ Addition |
| NAME | CORBIN, JAMES E. JR. | 1.2 NAME | Leonard Schoenfeld | |
| STREET ADDRESS | 1009 CHERRY LANE | 1.3 STREET ADDRESS | 14884 Equestrian WAY | |
| CITY-ST-ZIP | W. PALM BEACH FL | 1.4 CITY-ST-ZIP | W. Palm Beach FL 33414 | |
| TITLE | D | 2.1 TITLE | Secy/TRS D. | ☒ Change ☐ Addition |
| NAME | CORBIN, JAMES, E, JR | 2.2 NAME | Marisi G. Schoenfeld | |
| STREET ADDRESS | 1009 CHERRY LANE | 2.3 STREET ADDRESS | 14884 Equestrian WAY | |
| CITY-ST-ZIP | W PALM BEACH FL | 2.4 CITY-ST-ZIP | W. Palm Beach FL 33414 | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MATZ, MICHAEL | 3.2 NAME | | |
| STREET ADDRESS | 426 HILDEBEITEL RD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COLLEGEVILLE PA | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MATZ, DOUGLAS | 4.2 NAME | | |
| STREET ADDRESS | 426 HILDEBEITEL RD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COLLEGEVILLE PA | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Leonard Schoenfeld Pres 407 795 3547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080001