


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 010 ****61.25

DOCUMENT # 765954 1. Entity Name HAMPTONS EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SUNRAE MANAGEMENT SERVICES, INC. 7071 W. COMMERCIAL BLVD. SUITE 2B TAMARAC, FL 33319 US				Mailing Address C/O SUNRAE MANAGEMENT SERVICES, INC. 7071 W. COMMERCIAL BLVD. SUITE 2B TAMARAC, FL 33319 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2624664	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 3111 STIRLING RD FORT LAUDERDALE, FL 33312				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABBOTT, ROBERT		NAME	TUMIN, BRUCE	
STREET ADDRESS	1201 HAMPTONS BLVD		STREET ADDRESS	1225 HAMPTON BLVD	
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOLKER, MICHAEL S		NAME	SCHNEIER, LEAH	
STREET ADDRESS	1213 HAMPTON BLVD		STREET ADDRESS	1151 HAMPTON BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP	N. LAUDERDALE, FL 33068	
TITLE	XD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPOS, LOUISA		NAME		
STREET ADDRESS	1127 HAMPTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREA, JENNIFER		NAME		
STREET ADDRESS	1361 HAMPTONS BLVD		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, SONIA		NAME		
STREET ADDRESS	1227 HAMPTONS BLVD		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLIVE, HOWELL		NAME		
STREET ADDRESS	1127 HAMPTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE, FL 33068		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 7/18/07 Daytime Phone #: 954-722-9806		