

416 (08)
PAID


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90211 028 ****61.25

DOCUMENT # N0100000576

1. Entity Name
SOUTHAMPTON AT KINGS POINT CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business
7600 NOB HILL RD.
TAMARAC, FL 33321

Mailing Address
7600 NOB HILL RD.
TAMARAC, FL 33321

94073523



2. Principal Place of Business
10034 W McNab Rd
Suite, Apt. #, etc.

3. Mailing Address
10034 W McNab Rd
Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State
TAMARAC

City & State
TAMARAC

Zip
33321

Country

Zip
33321

Country

4. FEI Number
APPLIED FOR

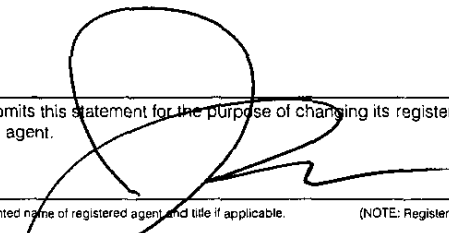
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FLETCHER, PATRICIA K PA
200 S. BISCAYNE BLVD., #3410
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: James R. Miles
Street Address (P.O. Box Number is Not Acceptable): 10034 W McNab Rd
City: TAMARAC FL Zip Code: 33321

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: 3/28/04

Filing Fee is \$61.25
Due by May 1, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, JEROME I 7611 SOUTHAMPTON TERR, A402 TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD SAMUELS, ALFRED 7611 SOUTHAMPTON TERR, A312 TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD EPSTEIN, HERBERT M 7611 SOUTHAMPTON TERR, A115 TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOEN, CRAIG 7611 SOUTHAMPTON TERR, A316 TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHMOND, ARNOLD M 7611 SOUTHAMPTON TERR, TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Forman, Jack 10034 W McNab Rd TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Loewenberg, ALVAN 10034 W McNab Rd TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kellehen, KEVIN 10034 W McNab Rd TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____