

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 19, 2007
Secretary of State

DOCUMENT# N04000001039

Entity Name: HAMPTONS SOUTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**20201 E. COUNTRY CLUB DRIVE
MGT. OFFICE
AVENTURA, FL 33180**New Principal Place of Business:****Current Mailing Address:**20201 E. COUNTRY CLUB DRIVE
MGT. OFFICE
AVENTURA, FL 33180**New Mailing Address:****FEI Number:** 20-0694333**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE5STE. 1102
MIAMI, FL 33134 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SOROTA, SAMUEL
Address: 20201 E. COUNTRY CLUB DR. #1101
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: KLEIN, PAUL
Address: 20201 E. COUNTRY CLUB DR. #1009
City-St-Zip: AVENTURA, FL 33180

Title: PD () Delete
Name: HOCHBERG, PHILLIP
Address: 20201 E. COUNTRY CLUB DRIVE # 1110
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: HARRIS, GWENN
Address: 20201 E. COUNTRY CLUB DRIVE # 1203
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: SCHOENWETTER, TODD
Address: 20201 E. COUNTRY CLUB DRIVE # 2106
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOROTA, SAMUEL
Address: 20201 E. COUNTRY CLUB DR. #1101
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change () Addition
Name: KLEIN, PAUL
Address: 20201 E. COUNTRY CLUB DR. #1009
City-St-Zip: AVENTURA, FL 33180

Title: T (X) Change () Addition
Name: SILVERMAN, SELMA
Address: 20201 E. COUNTRY CLUB DRIVE # 701
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SOROTA

PD

11/19/2007

Electronic Signature of Signing Officer or Director

Date