


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90023 001 ****61.25

DOCUMENT # N28176		
1. Entity Name HAMPTON CLUB ASSOCIATION, INC.		

Principal Place of Business C/O CAROL COHEN 17280 HAMPTON BLVD BOCA RATON, FL 33496 US	Mailing Address C/O CAROL COHEN 17280 HAMPTON BLVD BOCA RATON, FL 33496 US
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40037950



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 6604 Hampton Circle Suite, Apt. #, etc.
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03222006 Chg-NP CR2E037 (11/05)

City & State Boca Raton, FL	4. FEI Number 65-0190705	Applied For <input type="checkbox"/> Not Applicable
Zip 33496	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, CAROL 17280 HAMPTON BLVD BOCA RATON, FL 33496	
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7. Name and Address of New Registered Agent Name ILENE SCHLICHER Street Address (P.O. Box Number is Not Acceptable) 6604 Hampton Circle City Boca Raton FL Zip Code 33496	
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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 *Ilene W. Schlicher* *Ilene W. Schlicher Treasurer* *3/22/06*
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 May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENERG, JOAN 17292 HAMPTON BLVD BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV PRELAK, BARBARA 6613 HAMPTON CIRCLE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSNIAK, RANDY 17281 HAMPTON BLVD BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, CAROL 17280 HAMPTON BLVD BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHLICHER, ILENE 6684 HAMPTON CIR BOCA RATON, FL 32496 <input 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	VP Dr. Kristy Breslaw 17260 Hampton BLVD. Boca Raton, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN LEVI 17192 HAMPTON BLVD. BOCA RATON, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6604 HAMPTON CIRCLE
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 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: *Ilene W. Schlicher* *Treasurer* *3/22/06* *561-443-2907*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ILENE W. SCHLICHER