

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90252 023 \*\*\*\*61.25

**DOCUMENT # N28176**

1. Entity Name  
**HAMPTON CLUB ASSOCIATION, INC.**



40000404

Principal Place of Business  
**C/O CAROL COHEN**  
**6604 HAMPTON CIRCLE**  
**BOCA RATON, FL 33496 US**

Mailing Address  
**C/O CAROL COHEN**  
**6604 HAMPTON CIRCLE**  
**BOCA RATON, FL 33496 US**

2. Principal Place of Business - No P.O. Box #  
**6604 Hampton Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**6604 Hampton Circle**  
Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton FL**  
Zip  
**33496**  
Country  
**USA**

City & State  
**Boca Raton FL**  
Zip  
**33496**  
Country  
**USA**

4. FEI Number  
**65-0190705**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COHEN, CAROL**  
**6604 HAMPTON CIRCLE**  
**BOCA RATON, FL 33496**

**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**

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 Schlicher* **ILENE SCHLICHER** 1/5/2007  
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, 2007**

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	VP BRESLAW, DR. KRISTY 17260 HAMPTON BLVD. BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVI, NORMAN 17192 HAMPTON BLVD. BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 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	TD SCHLICHER, ILENE 6604 HAMPTON CIRCLE 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		<input type="checkbox"/> Change <input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 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 Schlicher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2007 (561) 443-2907  
Date Daytime Phone #