
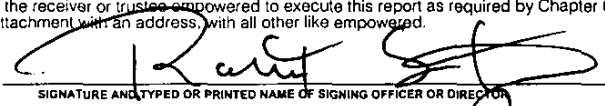


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90079 038 \*\*\*\*61.25

<b>DOCUMENT # N97000004385</b> 1. Entity Name SOUTHAMPTON I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		Mailing Address STERLING MANAGEMENT, INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Su Sterling Management 1904 Clubhouse Drive Cit Sun City Center, FL 33573		#, etc.  e  Zip Country	
4. FEI Number 59-3481085		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LAW OFFICES OF JAMES R DE FURIO 201 E KENNEDY BLVD TAMPA, FL 33602		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE SD NAME PETERSON, LINDA STREET ADDRESS 902 STAFFORDSHIRE LN CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE VPD BIEBERITZ, RICHARD NAME STREET ADDRESS 812 STAFFORDSHIRE LANE CITY-ST-ZIP SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME SAMARIJA, LARRY STREET ADDRESS 1018 NEW WINDSOR LOOP CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME O'NEILL, JOSEPH STREET ADDRESS 1014 NEW WINDSOR LOOP CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE SD GAGNON, TOM NAME STREET ADDRESS 8142 STAFFORDSHIRE LANE CITY-ST-ZIP SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MEDLEAU, JOANNE STREET ADDRESS 818 STAFFORDSHIRE LANE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SITZER, ROBERT STREET ADDRESS 1021 NEW WINDSOR LN CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE D STANGER, DON NAME STREET ADDRESS 813 STAFFORDSHIRE LANE CITY-ST-ZIP SUN CITY CENTER FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		Date 3/5/08 Daytime Phone # 634-7301	