

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 020 ****61.25

DOCUMENT # N98000000852

1. Entity Name

SOUTHAMPTON II 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

50047380



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3525281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE FURIO, JAMES R ESQ.
101 E KENNEDY BLVD STE 3000
TAMPA FL 33602

Law Offices of James R. De Furio, P.A.
201 East Kennedy Boulevard
Suite 1460
Tampa, Florida 33602

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MORRISON, RICHARD
STREET ADDRESS 1146 NEW WINSOR LOOP
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE VPD ☐ Change ☒ Addition
NAME Cronk, Dale
STREET ADDRESS 1027 New Winsor Loop
CITY-ST-ZIP Sun City Center, FL 33573

TITLE VPD ☒ Delete
NAME WILLIAM, DANIELSON
STREET ADDRESS 1116 NEW WINDSOR 6
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TD ☐ Change ☒ Addition
NAME Danielson, William
STREET ADDRESS 1116 New Winsor Loop
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TD ☒ Delete
NAME KEATING, CAROLE ANN
STREET ADDRESS 707 TIBURY CT.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DOWD, ROBERT
STREET ADDRESS 1138 NW WINDSOR 6
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HASS, NOREEN
STREET ADDRESS 1120 NEW WINDSOR 6
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #