# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2008 8:00 am**
**Secretary of State**
04-02-2008 90027 012 ****61.25

DOCUMENT # N98000003568

1. Entity Name
SOUTHAMPTON CONDOMINIUM F ASSOCIATION, INC.

40057065 9140

| Principal Place of Business | Mailing Address |
|---|---|
| 10034 WEST MCNAB<br>TAMARAC, FL 33321 | 10034 WEST MCNAB<br>TAMARAC, FL 33321 |

03172008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0857337 ☐ Applied For ☐ Not Applicable

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

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

BROUGH, CHADROW-LEVINE, P.A.
1900 N COMMERCE PKWY
SUITE 2
WESTON, FL 33326

**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 _____
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, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LENES, DAVID<br>10034 W. MCNAB RD.<br>TAMARAC, FL 33321 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RISIN, MURRAY<br>10034 WEST MCNAB ROAD<br>TAMARAC, FL 33321 | ☐ Delete | TITLE PD / NAME / STREET ADDRESS / CITY-ST-ZIP | RISIN, MURRAY<br>SAME | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP | BANK, GEORGE<br>SAME | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE TD / NAME / STREET ADDRESS / CITY-ST-ZIP | BAUMGARTEN, ARTHUR<br>SAME | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE VPD / NAME / STREET ADDRESS / CITY-ST-ZIP | ROSEN, STANLEY<br>SAME | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE SD / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~ARMER~~, IRENE<br>ARMA<br>SAME | ☐ Change ☒ 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:** X Arthur Baumgarten, TREAS 3/28/07 954-597-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARTHUR BAUMGARTEN