2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003568

FILED Feb 09, 2009 Secretary of State

Entity Name: SOUTHAMPTON CONDOMINIUM F ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10034 WEST MCNAB 10034 WEST MCNAB RD. TAMARAC, FL 33321 TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 10034 WEST MCNAB 10034 WEST MCNAB RD. TAMARAC, FL 33321 TAMARAC, FL 33321 FEI Number: 65-0857337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROUGH, CHADROW-LEVINE, P.A. 1900 N CÓMMERCE PKWY SUITE 2 WESTON, FL 33326 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MURRAY, RISIN MURRAY, RISIN Name: Name: 100347 WEST MCNAB RD. Address: 10034 WEST MCNAB RD. Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: Title: () Change (X) Addition () Delete Name: Name: BANK, GEORGE Address: Address: 10034 WEST MCNAB RD. City-St-Zip: City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change (X) Addition BAUMGARTEN, ARTHUR Name: Name: 10034 WEST MCNAB RD Address: Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33321 () Change (X) Addition Title: () Delete Title: SD Name: Name: ARMA, IRENE 10034 WEST MCNAB RD. Address: Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change (X) Addition ROSEN, STANLEY Name: Name: 10034 WEST MCNAB RD. Address: Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR BAUMGARTEN TD 02/09/2009