

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001236

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** SOUTHAMPTON AT KINGS POINT CONDOMINIUM C ASSOCIATION, INC.

**Current Principal Place of Business:**

10034 W MCNAB RD  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

10034 W MCNAB RD  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 65-0911188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILES, JAMES R  
10034 W MCNAB RD  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: DICK, PAUL  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: DVP ( ) Delete  
Name: COHEN, MARTY  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete  
Name: SUTERA, ANTHONY  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: PERKINS, BERNIE  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: SANDLER, MARTY  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change ( ) Addition  
Name: PERKINS, BERNIE  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL DICK

PD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date