2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001236

FILED Feb 17, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 10034 W MCNAB RD TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 10034 W MCNAB RD TAMARAC, FL 33321 FEI Number: 65-0911188 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. BROUGH, CHADROW, + LEVINE P.A. 1900 N COMMERCE WPKWY 1900 N COMMERCE PKWY SUITE L WESTON, FL 33326 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: 02/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MCCOUUM, JUDY MCCOUUM, JUDY Name: Name: 10034 W MCNAB RD Address: 10034 W MCNAB RD Address: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition COHEN, MARTIN Name: COHEN, MARTIN Name: Address: 10034 W MCNAB RD Address: 10034 W MCNAB RD City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: DS () Delete Title: (X) Change () Addition DICK, PAUL DICK, PAUL Name: Name: 10034 W MCNAB RD Address: Address: 10034 W MCNAB RD TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: GOLDSTEIN, ESTELLE Name: 10034 W MCNAB RD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: (X) Delete Title: () Change () Addition STERNBERG, HOWARD Name: Name: 1034 W. MCNAB RD Address: Address: FORT LAUDERDALE, FL 33321 City-St-Zip: City-St-Zip:

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: PAUL DICK DP 02/17/2009