

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90094 029 ****61.25

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1. Entity Name

SOUTHAMPTON CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

C/O CONSOLIDATED MGT
10034 W MCNAB RD
TAMARAC FL 33321

Mailing Address

C/O CONSOLIDATED MGT
10034 W MCNAB RD
TAMARAC FL 33321



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0941285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, JAMES R
CONSOLIDATED COMMUNITY MANAGEMENT
10034 W MCNAB RD
SUNRISE FL 33321

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD
NAME JACOBI, CHARLES
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321

TITLE SD
NAME GAINS, MARTIN
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321

TITLE TD
NAME HEDRICK, MARIE
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321

TITLE VPD
NAME STARR, ALAN
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME **ARNOLD ZUBATKIN, ARNOLD**
STREET ADDRESS **10034 W. MCNAB Rd.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE VPD
NAME **BRAUN, ELEANOR**
STREET ADDRESS **10034 W. MCNAB Rd.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE SD
NAME **LOVE, VAUDA**
STREET ADDRESS **10034 W. MCNAB Rd.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE TD
NAME **SCHWARTZ, MURIEL**
STREET ADDRESS **10034 W. MCNAB Rd.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE D
NAME **CHASIN, AL**
STREET ADDRESS **10034 W. MCNAB Rd.**
CITY-ST-ZIP **TAMARAC, FL 33321**

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 exemptions contained in Section 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:

Arnold Zubatkin **ARNOLD ZUBATKIN** **2/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #