

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90321 019 ****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**

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0941285

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Brough Chadrow Levine PA**
Street Address (P.O. Box Number is Not Acceptable)
1900 N. Commerce PKwy
Suite 2
City **Weston** FL Zip Code **33326**

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 or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ZUBATRIN, ARNOLD ☒ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VPD
NAME BRAUN, ELEANOR ☐ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SD
NAME LOVE, VAUDA ☐ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD
NAME SCHWARTZ, MURIEL ☐ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME CHASIN, AL ☐ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME BRAUN, ELEANOR ☒ Change ☐ Addition
STREET ADDRESS 10034 W MCNAB RD.
CITY-ST-ZIP TAMARAC, FL. 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Eleanor Braun*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #