

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004076

FILED
Feb 10, 2009
Secretary of State

Entity Name: SOUTHAMPTON CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0941285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH CHADROW LAVINE PA
1900 N COMMERCE PKWY
SUITE 2
WESTON, FL 33326 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: PD () Delete
Name: BRAUN, ELEANOR
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: LOVE, VAUDA
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

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

Title: D () Delete
Name: CHASIN, AL
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JACOBI, CHARLES
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 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: MURIEL SCHWARTZ

TD

02/10/2009

Electronic Signature of Signing Officer or Director

Date