

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90033 018 ****61.25

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01312006 Chg-NP CR2E037 (11/05)

DOCUMENT # N99000006849					
1. Entity Name SOUTHAMPTON CONDOMINIUM H ASSOCIATION, INC.					
Principal Place of Business 7600 NOB HILL RD TAMARAC, FL 33321			Mailing Address 7600 NOB HILL RD TAMARAC, FL 33321		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0967016	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONSOLIDATED COMMUNITY MANAGEMENT, INC. 10034 W MCNAB RD TAMARAC, FL 33321			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDELUP, ARNOLD 10034 W MCNAB RD TAMARAC, FL 33321	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, ADELE 10034 W. MCNAB RD. TAMARAC, FL 33321	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREIMAN, JOSEPH 10034 W MCNAB RD TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, LARRY 10034 W. MCNAB RD. TAMARAC, FL 33321	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BARTOLONE, ANTHONY 10034 W MCNAB RD TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, BARBARA 10034 W. MCNAB RD. TAMARAC, FL 33321	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> 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: <u>Arnold Mandelup, PRES.</u> 2-9-06 954-597-9700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					