


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90321 020 ****61.25

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| DOCUMENT # N99000006849 |  |
| 1. Entity Name SOUTHAMPTON CONDOMINIUM H ASSOCIATION, INC. | |

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| Principal Place of Business 7600 NOB HILL RD TAMARAC, FL 33321 | Mailing Address 7600 NOB HILL RD TAMARAC, FL 33321 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

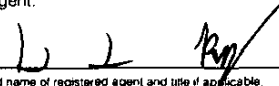
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01242007 Chg-NP CR2E037 (12/06)

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| 6. Name and Address of Current Registered Agent CONSOLIDATED COMMUNITY MANAGEMENT, INC. 10034 W MCNAB RD TAMARAC, FL 33321 | |
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| 7. Name and Address of New Registered Agent 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 | |
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| 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  | DATE 3/23/07 |

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| Filing Fee is \$61.25 Due by May 1, 2007 | 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANDELUP, ARNOLD 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FREIMAN, JOSEPH 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDSO BARTOLONE, ANTHONY 10034 W MCNAB RD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NELSON, ADELE 10034 W MCNAB RD FORT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRANCIS, LARRY 10034 W MCNAB RD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHWARTZ, BARBARA 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAPLAN, ROBERT 10034 W MCNAB RD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

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| SIGNATURE:  | DATE 4-6-07 | Daytime Phone # |
|--|--------------------|-----------------|