2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N99000006849

Entity Name: SOUTHAMPTON CONDOMINIUM H ASSOCIATION, INC.

Current Principal Place of Business:

7600 NOB HILL RD
TAMARAC, FL 33321

New Principal Place of Business:

10034 W MCNAB RD
TAMARAC, FL 33321

Current Mailing Address:

7600 NOB HILL RD
TAMARAC, FL 33321

New Mailing Address:

10034 W MCNAB RD
TAMARAC, FL 33321

FEI Number: 65-0967016 **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:	MANDELUP, ARNOLD	
Address:	10034 W MCNAB RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	TD	( ) Delete
Name:	FREIMAN, JOSEPH	
Address:	10034 W MCNAB RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	( ) Delete
Name:	KAPLAN, ROBERT	
Address:	10034 W MCNAB RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	SD	( ) Delete
Name:	NELSON, ADELE	
Address:	10034 W MCNAR RD	
City-St-Zip:	FORT LAUDERDALE, FL 33321	
Title:	D	( ) Delete
Name:	FRANCIS, LARRY	
Address:	10034 W MCNAR RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	(X) Delete
Name:	SCHWARTZ, BARBARA	
Address:	10034 W MCNAR RD	
City-St-Zip:	TAMARAC, 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:	SD	(X) Change ( ) Addition
Name:	NELSON, ADELE	
Address:	10034 W MCNAB RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	D	(X) Change ( ) Addition
Name:	SCHWARTZ, BARBARA	
Address:	10034 W MCNAB RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ARNOLD MANDELUP PD 02/09/2009

Electronic Signature of Signing Officer or Director — Date