

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90036 025 \*\*\*\*61.25

**DOCUMENT # 717291**

1. Entity Name

**HAMPTON HOUSE OF NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**124 SHORE COURT  
 NORTH PALM BEACH FL 33408**

**124 SHORE COURT  
 NORTH PALM BEACH FL 33408**

**80030575**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1956821**

Applied For

Not Applicable

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

**ZAMMIT, PHILIP E  
 124 SHORE COURT, #309  
 NORTH PALM BEACH FL 33408**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BETANCOURT, VISTA	
STREET ADDRESS	124 SHORE COURT, #303	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEITZ, CARLOS	
STREET ADDRESS	124 SHORE CT. #206	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZAMMIT, PHILIP E	
STREET ADDRESS	124 SHORE CT. #309	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWN, MARIE	
STREET ADDRESS	124 SHORE CT. #203	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCANNELLY, RON	
STREET ADDRESS	124 SHORE CT #105	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*PHILIP E ZAMMIT* **SIGNATURE REQUIRED** **PHILIP E. ZAMMIT** Secretary 2/7/02 561 842-3309

CR2E037 (9/01)