2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717291

FILED Apr 10, 2009 Secretary of State

Entity Name: HAMPTON HOUSE OF NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
124 SHORI NORTH PA	E COURT ALM BEACH, FI	L 33408						
Current Mailing Address:					New Mailing Address:			
124 SHORI NORTH PA	E COURT NLM BEACH, FI	L 33408						
FEI Number:	59-1956821	FEI Number	Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of \$	Status Desired ()
Name and	Address of Cu	urrent Regi	stered Agent:		Name and	Address o	f New Register	ed Agent:
	HILIP E E COURT, #30 LM BEACH, FI		US					
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.								
SIGNATUR	RE:							
Electronic Signature of Registered Agent					Date			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SD () I CONTE, THOMA 124 SHORE CT., N. PALM BEACH	, #109			Title: Name: Address: City-St-Zip:		() Change () Add	dition
Title: Name: Address: City-St-Zip:	TD ()I MCANELLY, ROI 124 SHORE CT. N. PALM BEACH	#105			Title: Name: Address: City-St-Zip:		() Change () Ado	dition
Title: Name: Address: City-St-Zip:	PD () I ZAMMIT, PHILIP 124 SHORE CT. N. PALM BEACH	#309			Title: Name: Address: City-St-Zip:		() Change () Ado	dition
Title: Name: Address: City-St-Zip:	D () I DEYMAN, PAUL 124 SHORE CT. N. PALM BEACH				Title: Name: Address: City-St-Zip:		() Change () Ado	dition
Title: Name: Address: City-St-Zip:	()1	Delete			Title: Name: Address: City-St-Zip:	BESSETTE, 124 SHORE		

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: PHILIP E ZAMMIT PD 04/10/2009