

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

95 MAY -1 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742452 (6)  
1. Corporation Name  
NORTHAMPTON F CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: N HAMPTON F-107 CENTURY VILLAGE WEST PALM BEACH FL 33417-1921  
Mailing Address: 107-F NORTHAMPTON WEST PALM BEACH FL 33417-1921 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1978  
3a. Date of Last Report: 03/21/1994

4. FEI Number: 59-2200560  
Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
27  
City & State: 23  
28  
Zip: 24 Country: 25 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
WALSH, VIVIAN  
NORTHAMPTON F-107  
WEST PALM BCH FL 33409

10. Name and Address of Now Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, if both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Vivian Walsh* DATE: *March 26, 1995*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: \$	NAME: PFISTER, BARBARA	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: NORTHAMPTON F-119	CITY-ST-ZIP: W PALM BCH FL	12 NAME:	
TITLE: VP	NAME: WUGMAN, RALPH	13 STREET ADDRESS:	
STREET ADDRESS: NORTHAMPTON F-102	CITY-ST-ZIP: W PALM BCH FL	14 CITY-ST-ZIP:	
TITLE: PRES.	NAME: WALSH, VIVIAN	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: NORTHAMPTON F-107 C V	CITY-ST-ZIP: W PALM BCH FL	22 NAME:	
TITLE: D	NAME: FERRARA, SAMUEL	23 STREET ADDRESS:	
STREET ADDRESS: NORTHAMPTON F-124	CITY-ST-ZIP: W PALM BCH FL	24 CITY-ST-ZIP:	
TITLE: D	NAME: PFISTER, LAWRENCE	31 TITLE:	
STREET ADDRESS: NORTHAMPTON F-119	CITY-ST-ZIP: W. PALM BEACH FL	32 NAME:	
TITLE: T	NAME: CUTUGNO, MARIA	33 STREET ADDRESS:	
STREET ADDRESS: NORTHAMPTON F-115	CITY-ST-ZIP: W. PALM BEACH FL	34 CITY-ST-ZIP:	
		41 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME: Hirsh, Harold	
		43 STREET ADDRESS: Northampton F-109	
		44 CITY-ST-ZIP: W. Plm Bch, Fl.	
		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vivian Walsh* DATE: *March 26, 1995*