FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

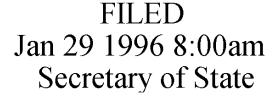
742452

(6)

NORTHAMPTON F CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address





N HAMPTON F-107 CENTURY VILLAGE WEST PALM BEACH FL 33417-1921		107-F NORTHAMPTON WEST PALM BEACH FL 33417-1921 US								
		•					3. Date Incorporated or Qualified 04/14/1978			st Report /1995
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number 59-2200560	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	0	City & Sta	de				Election Campaign Financing Trust Fund Contribution		\$5.	00 May Be
Zip 24	Zip Country			7η Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
_1	9. Name and Address of Current	L J					10. Name and Address of New Registered Agent			
				81	ij	Name		···	•	
WALSH			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	AMPTON F-107 PALM BCH FL 33409			83	1		·			
WEST F	ALM DON FL 33409			84	\perp	City			85	Zip Code
						•		<u> </u>	1.1	·
or register	to the provisions of Soctions 617.0502 a red agent, or both, in the State of Florick th, and accept the obligations of, Sectio	i. Such change w	as authoriz	red by the con	-na	amed corpora ration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	oose of cha intment as	nging It: register	s registered office ad agent. I am
SIGNATURE	шт, али ассерство оондаціять от, зесне	ero i <i>r xo</i> os, non	da Siaidie:	5.						
	Signature, typical or posited mack, of respectively agent a		(N)	OTE: Registered Age	onl i	signature required		DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	IORS IN 12
TITLE	S		DELETE	1.1 TITLE					Chang	Addition
NAME	PFISTER, BARBARA			1.2 NAME						
STREET ADDRESS	NORTHAMPTON F-119			1.3 STREE	TA	ODRESS				
CITY-ST-ZIP	W PALM BCH FL			1.4 CITY-	ST-	- ZIP				
TITLE	VP		DELFTE	2.1 TITLE				Ī	Chang	Addition
NAME	WUGMAN, RALPH			2 2 NAME						
STREET ADDRESS	NORTHAMPTON F-102			2 3 STREE		INDRESS				
CITY-ST-ZIP	W PALM BCH FL			2. 4 CiTY						
TITLE	P	······································	DELETE	3 1 TITLE	- 31	- 111			1 Chang	e 🗍 Addition
NAME	WALSH, VIVIAN			3 2 NAME				L	_	
STREET ADDRESS	NORTHAMPTON F-107 C V					PDDCCCC				
	W PALM BCH FL			3 3 STREE						
CITY-ST-ZIP TITLE	n	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY -	-51	- ZIP		-	Change	Additio-
	•	ليا	DETTIE	4.1 TITLE	-			L	_l cuanĝi	e
NAME	HIRSCH, HAROLD			4. 2 NAME						
STREET ADDRESS	NORTHHAMPTON F-109			4.3 STREE						
CITY-ST-ZIP	W PALM BCH FL		05,575	4.4 CITY -	51-	-7(P '				
TITLE	D		DELETE	5.1 TITLE					_ Change	Addition
NAME	PFISTER, LAWRENCE			5.2 NAME						
STREET ADDRESS	NORTHAMPTON F-119			5.3 STREE	1 A	DDRESS				
CITY-ST-ZIP	W. PALM BEACH FL			5.4 CITY -	51-	- 21P				
TITLE	T		DELETE	6.1 TITLE					Change	Addition
NAME	CUTUGNO, MARIA			6.2 NAME						
STREET ADDRESS	NORTHAMPTON F-115			6.3 STREE	ΔŢ	DORESS				
	W DALM BEACH EL			4.000						

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 119.07(3)(k), Florida Statutes. I further certify that the information inclicated 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 eath; 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 13 if changed, or on an afactiment with an address

SIGNATURE: