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FILED
Jan 29 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2200560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**WALSH, VIVIAN
 NORTHAMPTON F-107
 WEST PALM BCH FL 33409**

10. Name and Address of New 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 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and office if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	PFISTER, BARBARA
STREET ADDRESS	NORTHAMPTON F-119
CITY-ST-ZIP	W PALM BCH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	WUGMAN, RALPH
STREET ADDRESS	NORTHAMPTON F-102
CITY-ST-ZIP	W PALM BCH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WALSH, VIVIAN
STREET ADDRESS	NORTHAMPTON F-107 C V
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HIRSCH, HAROLD
STREET ADDRESS	NORTHAMPTON F-109
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PFISTER, LAWRENCE
STREET ADDRESS	NORTHAMPTON F-119
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CUTUGNO, MARIA
STREET ADDRESS	NORTHAMPTON F-115
CITY-ST-ZIP	W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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: *Theresa Walsh* 1/23/96 407-689-7573
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)