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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742452

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/14/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2200560

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, VIVIAN
NORTHAMPTON F-107
WEST PALM BCH FL 33409

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 617.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PFISTER, BARBARA	
STREET ADDRESS	NORTHAMPTON F-119	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" 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	VD	<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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S Taylor, Ann
1.3 STREET ADDRESS	Northampton 2105
1.4 CITY-ST-ZIP	W Palm Bch, Fl
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CURIER, Lucille
2.3 STREET ADDRESS	Northampton 2-104
2.4 CITY-ST-ZIP	W Palm Bch Fl
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PFISTER, BARBARA
3.3 STREET ADDRESS	NORTHAMPTON 2-119
3.4 CITY-ST-ZIP	W Palm Bch, Fl.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VITE, Edith
4.3 STREET ADDRESS	Northampton 2-114
4.4 CITY-ST-ZIP	W. Palm Bch, Fl.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAPUTO, PRISILLA
5.3 STREET ADDRESS	NORTHAMPTON 2-116
5.4 CITY-ST-ZIP	W.P.B. Fl.
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 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

Jan 9, 1999 564689-7573

CR2E037 (11/98)