

DOCUMENT # 742452

1. Entity Name

NORTHAMPTON F CONDOMINIUM ASSOCIATION, INC.

FILED

00 FEB 28 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2200560		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent WALSH, VIVIAN NORTHAMPTON F-107 WEST PALM BCH FL 33409				7. Name and Address of New Registered Agent Name: <i>Roseanna Caputo</i> Street Address (P.O. Box Number is Not Acceptable): <i>116 Northampton</i> City: <i>West Palm Beach</i> FL Zip Code: <i>33417</i>			
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8. 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.

SIGNATURE: *Roseanna Caputo* DATE: *2/25/2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: TAYLOR, ANN STREET ADDRESS: NORTHAMPTON F105 CITY-ST-ZIP: W PALM BCH FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CURIER, LUCILLE STREET ADDRESS: NORTHAMPTON F-104 CITY-ST-ZIP: W PALM BCH FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: WALSH, VIVIAN STREET ADDRESS: NORTHAMPTON F-107 C V CITY-ST-ZIP: W PALM BCH FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HIRSCH, HAROLD STREET ADDRESS: NORTHAMPTON F-109 CITY-ST-ZIP: W PALM BCH FL	<input type="checkbox"/> Delete <i>DECEASED</i>	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: PFISTER, LAWRENCE STREET ADDRESS: NORTHAMPTON F-119 CITY-ST-ZIP: W. PALM BEACH FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: CUTUGNO, MARIA STREET ADDRESS: NORTHAMPTON F-115 CITY-ST-ZIP: W. PALM BEACH FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition KE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *WALSH, VIVIAN* DATE: *1/13/2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)