

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90138 005 ****61.25

DOCUMENT # 742452

1. Entity Name

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**

00014036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2200560

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELEGATE

**CAPUTO, PRISCILLA
 116 NORTHAMPTON F
 WEST PALM BEACH FL 32417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, ANN	
STREET ADDRESS	NORTHAMPTON F105	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURIER, LUCILLE	
STREET ADDRESS	NORTHAMPTON F-104	
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	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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Ann	
STREET ADDRESS	Northampton F105	
CITY-ST-ZIP	W Palm Bch Fl	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURIER Lucille	
STREET ADDRESS	Northampton F-104	
CITY-ST-ZIP	W Palm Bch Fl	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 561-689-7573

Date

Daytime Phone #

CR2E037 (9/01)