


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90019 023 ****61.25

DOCUMENT # 742452
1. Entity Name
NORTHAMPTON F CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**N HAMPTON F-123 CENTURY VILLAGE
WEST PALM BEACH FL 33417-7610** **C/O RUTH L MUNN
123 NORTHAMPTON F
WEST PALM BEACH FL 33417-7610
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2200560 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MUNN, RUTH L
123 NORTHAMPTON F
WEST PALM BEACH FL 33417-7610**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Ruth L. Munn* DATE **1-27-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPUTO, PRISCILLA	
STREET ADDRESS	NORTHAMPTON F116	
CITY-ST-ZIP	W PALM BCH FL 33417-7610	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURIER, LUCILLE	
STREET ADDRESS	NORTHAMPTON F-104	
CITY-ST-ZIP	W PALM BCH FL 33417-7610	
TITLE	P	<input type="checkbox"/> Delete
NAME	PFISTER, BARBARA	
STREET ADDRESS	NORTHAMPTON F-119	
CITY-ST-ZIP	W PALM BCH FL 33417-7610	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOLSOM, MAVIS	
STREET ADDRESS	NORTHAMPTON F-103	
CITY-ST-ZIP	W. PALM BEACH FL 33417-7610	
TITLE	T	<input type="checkbox"/> Delete
NAME	MUNN, RUTH	
STREET ADDRESS	NORTHAMPTON F-123	
CITY-ST-ZIP	W. PALM BEACH FL 33417-7610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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)(i), 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: *Ruth L. Munn* Date **1-27-04** Daytime Phone # **561-682-7956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR