


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90042 040 ****61.25

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



Principal Place of Business Mailing Address
 N HAMPTON F-123 CENTURY VILLAGE C/O RUTH L MUNN
 WEST PALM BEACH FL 33417-1921 123 NORTHAMPTON F
 WEST PALM BEACH FL 33417-7610
 US

66004812 OFFICE



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Northampton F-123 *123 Northampton F*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number 59-2200560 Applied For Not Applicable

Zip Country Zip Country
33417-7610 USA 33417-7610 USA

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* *Ruth L. Munn* *2-8-05*
Signature, typed or printed name of registered agent and see if applicable (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	NAME CAPUTO, PRISCILLA STREET ADDRESS NORTHAMPTON F116 CITY-ST-ZIP W PALM BCH FL 33417-7610 <input checked="" type="checkbox"/> Delete
TITLE S	NAME CURIER, LUCILLE STREET ADDRESS NORTHAMPTON F-104 CITY-ST-ZIP W PALM BCH FL 33417-7610 <input type="checkbox"/> Delete
TITLE P	NAME PFISTER, BARBARA STREET ADDRESS NORTHAMPTON F-119 CITY-ST-ZIP W PALM BCH FL 33417-7610 <input type="checkbox"/> Delete
TITLE VP	NAME FOLSOM, MAVIS STREET ADDRESS NORTHAMPTON F-103 CITY-ST-ZIP W. PALM BEACH FL 33417-7610 <input checked="" type="checkbox"/> Delete
TITLE MUNN, RUTH	NAME NORTHAMPTON F-123 STREET ADDRESS W. PALM BEACH FL 33417-7610 <input type="checkbox"/> Delete
TITLE V.P.	NAME <i>David Brown</i> STREET ADDRESS <i>121 Northampton F</i> CITY-ST-ZIP <i>W.P.B., FL 33417-7610</i> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME <i>Carl Harmon</i> STREET ADDRESS <i>120 Northampton F</i> CITY-ST-ZIP <i>W.P.B., FL 33417-7610</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Sec. Alternate	NAME <i>Jean Larson</i> STREET ADDRESS <i>115 Northampton F</i> CITY-ST-ZIP <i>W.P.B., FL 33417</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Pres.	NAME <i>Treas.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME <i>David Brown</i> STREET ADDRESS <i>121 Northampton F</i> CITY-ST-ZIP <i>W.P.B., FL 33417-7610</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

Ruth L. Munn, Treas.