


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90101 016 ****61.25

DOCUMENT # 742452 1. Entity Name NORTHAMPTON F CONDOMINIUM ASSOCIATION, INC. <i>NEW BOARD</i>		
Principal Place of Business N HAMPTON F-123 110 WEST PALM BEACH FL 33417-7610		Mailing Address N HAMPTON F-123 110 WEST PALM BEACH FL 33417-7610 US
2. Principal Place of Business NHAMPTON F 110 Suite, Apt. #, etc.	3. Mailing Address NHAMPTON F-110 Suite, Apt. #, etc.	
City & State WEST PALM BCH FL Zip Country	City & State 33417-7610 Zip Country	4. FEI Number 59-2200560
6. Name and Address of Current Registered Agent MUNN, RUTH L POWERS, PAT 110 123 NORTHAMPTON F WEST PALM BEACH FL 33417-7610		7. Name and Address of New Registered Agent Name PAT POWERS Street Address (P.O. Box Number is Not Acceptable) 110 NORTHAMPTON F City, State, Zip Code WEST PALM BEACH FL 33417
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: <i>Pat Powers/Treasurer</i> DATE: 3/2/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: D <input checked="" type="checkbox"/> Delete NAME: HARMON, CARL STREET ADDRESS: 120 NORTH HAMPTON F CITY-ST-ZIP: WEST PALM BEACH FL 33417-7610	TITLE: PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: VIVIAN WALSH STREET ADDRESS: 107 NORTHAMPTON F CITY-ST-ZIP: WEST PALM BEACH, FL 33417-7610	
TITLE: S <input checked="" type="checkbox"/> Delete NAME: CURIER, LUCILLE STREET ADDRESS: NORTHAMPTON F-104 CITY-ST-ZIP: W PALM BCH FL 33417-7610	TITLE: SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: RALPH WUGMAN STREET ADDRESS: 102 NORTHAMPTON F CITY-ST-ZIP: WEST PALM BEACH, FL 33417-7610	
TITLE: BD MEMBER <input type="checkbox"/> Delete NAME: PFISTER, BARBARA STREET ADDRESS: NORTHAMPTON F-119 CITY-ST-ZIP: W PALM BCH FL 33417-7610	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: S <input checked="" type="checkbox"/> Delete NAME: LORSON, JOAN STREET ADDRESS: 115 NORTHAMPTON F CITY-ST-ZIP: WEST PALM BEACH FL 33417	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: T <input checked="" type="checkbox"/> Delete NAME: MUNN, RUTH STREET ADDRESS: NORTHAMPTON F-123 CITY-ST-ZIP: W. PALM BEACH FL 33417-7610	TITLE: TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: PAT POWERS STREET ADDRESS: 110 NORTHAMPTON F CITY-ST-ZIP: WEST PALM BEACH, FL 33417-7610	
TITLE: V <input type="checkbox"/> Delete NAME: BROWN, DAVID STREET ADDRESS: 121 NORTHAMPTON F CITY-ST-ZIP: WEST PALM BEACH FL 33417-7610	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Vivian Walsh*