

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742762

1. Entity Name

EASTHAMPTON D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

78 EASTHAMPTON D  
WEST PALM BEACH FL 33417

Mailing Address

78 EASTHAMPTON D  
WEST PALM BEACH FL 33417-1913

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

59-1635195

Applied For

Not Applicable

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

LEFKOWITZ, ROSALIND  
78 EASTHAMPTON D  
W PALM BCH FL 33409

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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 D ☐ Delete  
NAME FEIFER, MORRIS LEW  
STREET ADDRESS 92 EASTHAMPTON D  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE D ☒ Change ☐ Addition  
NAME GOLDIE NEIBERG  
STREET ADDRESS 84 EASTHAMPTON D  
CITY-ST-ZIP WEST PALM BEACH - FL.

TITLE V ☐ Delete  
NAME YODIN, NAT  
STREET ADDRESS 73 EASTHAMPTON D  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Change ☐ Addition  
NAME DORIS ALBERT  
STREET ADDRESS 89 EASTHAMPTON D  
CITY-ST-ZIP WEST PALM BEACH - FL

TITLE VPD ☒ Delete  
NAME DA STALFO, ELIZABETH  
STREET ADDRESS 77 EASTHAMPTON D  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LEFKOWITZ, ROSALIND  
STREET ADDRESS 781 EASTHAMPTON D  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME BERBLITT, HENRITTA  
STREET ADDRESS 81 EASTHAMPTON D  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *MORRIS LEW FEIFER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90146 032 \*\*\*\*61.25

900419



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)