


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 742762</b> 1. Entity Name <b>EASTHAMPTON D CONDOMINIUM ASSOCIATION, INC.</b>						06 OCT 12 PM 8:24	
Principal Place of Business <b>92 EASTHAMPTON D APT 92 WEST PALM BEACH, FL. 33417</b>				Mailing Address <b>92 EASTHAMPTON D APT 92 WEST PALM BEACH, FL 33417</b>			
2. Principal Place of Business <b>75 Easthampton D</b>				3. Mailing Address <b>75 Easthampton D</b>			
Suite, Apt. #, etc. <b>APT. 75</b>				Suite, Apt. #, etc. <b>APT. 75</b>			
City & State <b>West Palm Beach</b>				City & State <b>West Palm Beach FL.</b>			
Zip <b>33417</b>		Country <b>Palm Beach</b>		Zip <b>33417</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>59-1635195</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FEIFER, MORRIS LEW 92 EASTHAMPTON D WEST PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name <b>Marc Velonis</b> Street Address (P.O. Box Number is Not Acceptable) <b>75 Easthampton D</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33417</b>			
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 <b>Marc Velonis</b> <b>Marc Velonis</b> <b>10/9/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FEIFER, MORRIS LEW</b> <input checked="" type="checkbox"/> Delete <b>92 EASTHAMPTON D</b> <b>WEST PALM BEACH, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marc Velonis</b> <b>75 Easthampton D</b> <b>West Palm Beach FL. 33417</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>VELONIS, MARCH</b> <b>73 EASTHAMPTON D</b> <b>WEST PALM BEACH, FL 33417</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200080775498</b> <b>10/12/06--01043--004 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>RIPTON, IRENE</b> <b>76 EASTHAMPTON DR</b> <b>WEST PALM BEACH, FL 33417</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>DYNIAI, STELLA</b> <b>79 EASTHAMPTON RD.</b> <b>WEST PALM BEACH, FL 33417</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>RIPTON, IRENE</b> <b>76 EASTHAMPTON D</b> <b>WEST PALM BEACH, FL 33417</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>DYNIA, STELLA</b> <b>79 EASTHAMPTON D</b> <b>WEST PALM BEACH, FL 33417</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <b>Marc Velonis</b> <b>Marc Velonis</b> <b>10/9/06</b> <b>561 683 0973</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

B. Michael OCT 12 2006