


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90054 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742776**

1. Corporation Name

**NORTHAMPTON C CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**54 NORTHAMPTON C**  
**WEST PALM BEACH FL 33417**  
**US**

Mailing Address  
**54 NORTHAMPTON C**  
**WEST PALM BEACH FL 33417**  
**US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/08/1978</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1638246</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**FORD, JULIA C**  
**NORTHAMPTON C54**  
**CENTURY VILLAGE**  
**WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIRSCH, BOB</b>	1.2 NAME	
STREET ADDRESS	<b>52 NORTHAMPTON C</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WPB FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDSTEIN, HELEN H</b>	2.2 NAME	<b>Pogofsky, meyer</b>
STREET ADDRESS	<b>51 NORTHAMPTON C</b>	2.3 STREET ADDRESS	<b>48 Northampton C</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>WPB FL 33417</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FREIDMAN, ROSE</b>	3.2 NAME	<b>Stacey, Fred</b>
STREET ADDRESS	<b>49 NORTHAMPTON C</b>	3.3 STREET ADDRESS	<b>50 Northampton C</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>WPB FL 33417</b>
TITLE	<b>V</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPOLA, CANIO</b>	4.2 NAME	<b>JACK, Hurley</b>
STREET ADDRESS	<b>43 NORTHAMPTON C</b>	4.3 STREET ADDRESS	<b>58 Northampton C</b>
CITY-ST-ZIP	<b>WPB FL</b>	4.4 CITY-ST-ZIP	<b>WPB FL 33417</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, POGOSKY</b>	5.2 NAME	
STREET ADDRESS	<b>48 NORTHAMPTON C</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WPB FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORD, JULIA</b>	6.2 NAME	<b>FORD, JULIA</b>
STREET ADDRESS	<b>54 NORTHAMPTON C</b>	6.3 STREET ADDRESS	<b>54 NTNC</b>
CITY-ST-ZIP	<b>WPB FL</b>	6.4 CITY-ST-ZIP	<b>WPB FL 33417</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Julia Ford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99 561 689 3626

CR2E037 (11/98)