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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1638246
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	FL
85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HIRSCH, BOB	
STREET ADDRESS	52 NORTHAMPTON C	
CITY-ST-ZIP	WPB FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FELDSTEIN, HELEN H	
STREET ADDRESS	51 NORTHAPTON C	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREIDMAN, ROSE	
STREET ADDRESS	49 NORTHAMPTON C	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COPPOLA, CANIO	
STREET ADDRESS	43 NORTHAMPTON C	
CITY-ST-ZIP	WPD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, POGOFSKY	
STREET ADDRESS	48 NORTHAMPTON C	
CITY-ST-ZIP	WPB FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORD, JULIA	
STREET ADDRESS	54 NORTHAMPTON C	
CITY-ST-ZIP	WPB FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pogofsky, meyer-
2.3 STREET ADDRESS	48 northamptonc
2.4 CITY-ST-ZIP	WPB FL 33417
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stacey, Fred
3.3 STREET ADDRESS	50 NORTHAMPTON C
3.4 CITY-ST-ZIP	WPB FL 33417
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACK, HURLEY
4.3 STREET ADDRESS	58 NORTHAMPTON C
4.4 CITY-ST-ZIP	WPB FL 33417
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FORD, JULIA
6.3 STREET ADDRESS	54 NTNC
6.4 CITY-ST-ZIP	WPB FL 33417

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 C Ford* 1-13-99 561 689 3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)