

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/4

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-04-2003 90108 047 ****61.25

DOCUMENT # 742776

1. Entity Name
NORTHAMPTON C CONDOMINIUM ASSOCIATION, INC.

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

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

2. Principal Place of Business

3. Mailing Address
2575 HOMEWOOD RD

Suite, Apt. #, etc.

City & State
W. Palm Bch FL

4. FEI Number **59-1638246** Applied For
Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

Zip Country Zip Country
33406 US



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FORD, JULIA C
NORTHAMPTON C54
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent
Name **PALM BEACH MAINT & MGMT INC**
Street Address (P.O. Box Number is Not Acceptable)
2575 HOMEWOOD RD
City **W Palm Bch FL** Zip Code **33406**

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 **Donell Pruitt** DATE **1-21-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOLA, CANIO 43 NORTHAMPTON C WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LABOTA, JOHN 48 NORTHAMPTON C WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACEY, FRED 50 NORTHAMPTON C WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRASSARD, RON 50 NORTHAMPTON C W. Palm Bch FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHAND, MICHALINE 53 NORTHAMPTON C WPB FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROTKIN, PAULA 49 NORTHAMPTON C WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, JULIA 54 NORTHAMPTON C WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Julia C. Ford Treasurer 4/22

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 607, 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: **Donell Pruitt (For the Board)** DATE: **1-21-03** DAYTIME PHONE #: **5614323076**

CR2E037 (10/02)

2003