

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742780 (0)
 1. Corporation Name
NORTHAMPTON S CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 375 NORTHAMPTON S W PALM BEACH FL 33417	Mailing Address 375 NORTHAMPTON S W PALM BEACH FL 33417
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3. Date Incorporated or Qualified 05/08/1978	3a. Date of Last Report 02/16/1995
4. FEI Number 59-1638678	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent
**HAMMER SELMA
 394 NORTHAMPTON S
 W 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: *Selma Hammer Secretary*
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	PD DIAMOND, SIDNEY	<input type="checkbox"/> DELETE	
NAME	375 NORTHAMPTON S		
STREET ADDRESS	W PALM BEACH FL 33417		
CITY-ST-ZIP			
TITLE	D ALTMAN, ETHEL	<input type="checkbox"/> DELETE	
NAME	378 NORTHAMPTON S		
STREET ADDRESS	W PALM BEACH FL		
CITY-ST-ZIP			
TITLE	TD FOX, ISADORE	<input type="checkbox"/> DELETE	
NAME	382 NORTHAMPTON S		
STREET ADDRESS	W PALM BEACH FL		
CITY-ST-ZIP			
TITLE	SD HAMMER, SELMA	<input type="checkbox"/> DELETE	
NAME	394 NORTHAMPTON S		
STREET ADDRESS	W PALM BEACH FL		
CITY-ST-ZIP			
TITLE	D BRAUNSTEIN, GERTRUDE	<input type="checkbox"/> DELETE	
NAME	384 NORTHAMPTON S		
STREET ADDRESS	W PALM BEACH FL		
CITY-ST-ZIP			
TITLE	VD CARR, BARBARA	<input type="checkbox"/> DELETE	
NAME	378 NORTHAMPTON S		
STREET ADDRESS	W PALM BEACH FL		
CITY-ST-ZIP			

11 TITLE	D SYLVIA WOLFE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	387 NORTHAMPTON S	
13 STREET ADDRESS	W PALM BEACH FL 33417	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sidney Diamond* (SIDNEY DIAMOND) 7/14/96 407-699-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)