


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>375 NORTHAMPTON S                  W PALM BEACH FL 33417</b>	Mailing Address <b>375 NORTHAMPTON S                  W PALM BEACH FL 33417</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>05/08/1978</b>	
<b>4.</b> FEI Number <b>59-1638678</b>	Applied For <input type="checkbox"/> Not Applicable
<b>6.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEIZERMAN, ISSIE</b>	1.2 NAME	<b>DIAMOND, SIDNEY</b>
STREET ADDRESS	<b>398 NORTHAMPTON SOUTH</b>	1.3 STREET ADDRESS	<b>375 NORTHAMPTON S</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALTMAN, ETHEL</b>	2.2 NAME	<b>WOLF, SYLVIA</b>
STREET ADDRESS	<b>378 NORTHAMPTON S</b>	2.3 STREET ADDRESS	<b>387 NORTHAMPTON S</b>
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL.</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, ISADORE</b>	3.2 NAME	
STREET ADDRESS	<b>382 NORTHAMPTON S</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMER, SELMA</b>	4.2 NAME	
STREET ADDRESS	<b>394 NORTHAMPTON S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAUNSTEIN, GERTRUDE</b>	5.2 NAME	
STREET ADDRESS	<b>384 NORTHAMPTON S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, BARBARA</b>	6.2 NAME	
STREET ADDRESS	<b>378 NORTHAMPTON S</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	6.4 CITY-ST-ZIP	

**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.

SIGNATURE: *Sidney Diamond* **SIDNEY DIAMOND** 4/16/98 561-689-5053

CR2E037 (10/97)