

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0003668

DOCUMENT # 742780

1. Entity Name

NORTHAMPTON S CONDOMINIUM ASSOCIATION, INC.

04-12-2001 90177 043 ****61.25

Principal Place of Business

³⁹⁶
~~375~~ NORTHAMPTON S
 W PALM BEACH FL 33417

Mailing Address

³⁹⁶
~~375~~ NORTHAMPTON S
 W PALM BEACH FL 33417

C0046408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1638678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMER SELMA
~~394~~ NORTHAMPTON S
 W PALM BEACH FL 33417

³⁷⁵

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEIZERMAN, ISSIE	
STREET ADDRESS	396 NORTHAMPTON SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALTMAN, ETHEL	
STREET ADDRESS	378 NORTHAMPTON S	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	³⁷⁵ HAMMER, SELMA	
STREET ADDRESS	394 NORTHAMPTON S	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUNSTEIN, GERTRUDE	
STREET ADDRESS	384 NORTHAMPTON S	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARR, BARBARA	
STREET ADDRESS	378 NORTHAMPTON S	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: SIGNATURE OF REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/14/01 Daytime Phone #: 561-884-9815

CR2E037 (10/00)