


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90414 050 ****61.25

DOCUMENT # 742780
 1. Entity Name
NORTHAMPTON S CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
396 NORTHAMPTON S **396 NORTHAMPTON S**
W PALM BEACH FL 33417 **W PALM BEACH FL 33417**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-1638678 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAMMER SELMA
375 NORTHAMPTON S
W PALM BEACH FL 33417

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Issie Leizerman* **ISSIE LEIZERMAN** **PRESIDENT** 3/31/04 561-684-9845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #