

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90138 045 ****61.25

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



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

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409



1st MOORE CR2E037 (10/04)

4. FEI Number: 59-1638678 Applied For: 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: 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 Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 2/29/05 561-684-9845
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #