


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 031 ****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
 SEACREST SERVICES, INC
 240 CENTRE PARK W DRIVE, # 175
 WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #
 379 Northampton S

3. Mailing Address
 2400

Suite, Apt. #, etc.

City & State
 West Palm Beach, FL

City & State

Zip 33417 Country

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 FRED ZIROT
 Street Address (P.O. Box Number is Not Acceptable)
 379 NORTHAMPTON S
 City WEST PALM BEACH
 State FL Zip Code 33417

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 *Fred Zerot* DATE 04-04-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D Delete <input type="checkbox"/>	NAME LEIZERMAN, ISSIE STREET ADDRESS 396 NORTHAMPTON SOUTH CITY-ST-ZIP WEST PALM BEACH, FL	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE SD Delete <input checked="" type="checkbox"/>	NAME HAMMER, SELMA STREET ADDRESS 394 NORTHAMPTON S CITY-ST-ZIP W PALM BEACH, FL	TITLE SECRETARY NAME SUZANNE ZIROT STREET ADDRESS 379 NORTHAMPTON S CITY-ST-ZIP WEST PALM BEACH, FL 33417 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE VD Delete <input checked="" type="checkbox"/>	NAME CARR, BARBARA STREET ADDRESS 378 NORTHAMPTON S CITY-ST-ZIP W PALM BEACH, FL	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Delete <input type="checkbox"/>		TITLE PRESIDENT NAME FRED ZIROT STREET ADDRESS 379 NORTHAMPTON S CITY-ST-ZIP WEST PALM BEACH, FL 33417 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE Delete <input type="checkbox"/>		TITLE VICE PRESIDENT NAME MICHAEL COSCIA STREET ADDRESS 386 NORTHAMPTON S. CITY-ST-ZIP WEST PALM BEACH, FL 33417 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE Delete <input type="checkbox"/>		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Fred Zerot* FRED ZIROT DATE 04-04-07 561-616-1981

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

40055120



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1638678 Applied For Not Applicable

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