FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

742762

(8)

EASTHAMPTON D CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Mailing Address								
78 EASTHAMPTON D		78 EASTHAMPTON D								
WEST PALM BE	ACH FL 33417	WEST PALM BEACH FL 3	3417-191	3						
							3. Date Incorporated or Qualified 05/08/1978	3a. [Date of Last R 04/02/19	
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number	-	Ar	plied For
21		26				59-1635195		No	t Applicable	
Suite, Apt. #	t, etc	Suite, Apt. #, etc.				E Contitions of Status Desired		\$8.75	Additional	
22		27				5. Certificate of Status Desired	اسا	Fee Re	quired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		ountry		1	8. This corporation has liability for			. 199.032,
24	25	29	30				Florida Statutes		∐ No	
	9. Name and Address of Curren	t Registered Agent		041	****		10. Name and Address of New F	logistorec	1 Agent	
				81	Name	е				
	ITZ, ROSALIND		82 Street Ac			t Address	s (P.O. Box Number is Not Accept	able)		
	HAMPTON D									
W PALM	BCH FL 33409			83						
				84	City			F	85 Zip (Code
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508. Florida Statu	tes. the	above	-name	d corpora	ation submits this statement for the	nurnnea	of changing it	s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authoriz	ed by	the co	orporation	's board of directors. I hereby acc	ept the ar	pointment as	registered
	mamiliar with, and accept the obliga	111005 01, 30011011 017.0303, 11	orida ot	atutos	٠.					
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E: Registe	red Age	ni signatu	ure required y	when reinstating)	DATE		
12.	OFFICERS AND	D DIRECTORS	13				ADDITIONS/CHANGES TO OF	ICERS A	VD DIRECTOR	IS IN 12
TITLE	D	DELETE		1.1 TITLE					Change	Addition
NAME	FEIFER, MORRIS LEW		1.2	NAME						
STREET ADDRESS	92 EASTHAMPTON D		1.3	STREET	ADDRESS	s				
CITY-ST-ZIP	W PALM BCH, FL 00000		1.4	CITY-S	T-ZIP					
TITLE	V	☐ DELETE 21		TITLE					☐ Change	☐ Addition
NAME	YODIN, NAT		22	22 NAME		1		*		
STREET ADDRESS	73 EASTHAMPTON D		23	2.3 STREET ADDRESS		s				
CITY - ST - ZIP	WEST PALM BEACH FL		2.4	CITY-S	ST-ZIP					
TITLE	VPD .	☐ DELETE	3.1	TITLE					Change	Addition
NAME	DA STALFO, ELIZABETH		32	NAME						
STREET ADDRESS	77 EASTHAMPTON D		3.3	STREET	ADDRESS	s				
CITY - ST - ZIP	WEST PALM BEACH FL		3.4	CITY-5	ST-ZIP					
TITLE	D	☐ DELETE	4.1	TITLE					Change	Addition
NAME	LEFKOWITZ, ROSALIND		4.2	NAME						
STREET ADDRESS	781 EASTHAMPTON D		4.3	STREET	ADDRESS	s				
CITY-ST-ZIP	W PALM BCH, FL 00000		4.4	CITY-S	T-ZIP					
TITLE	S	☐ DELETE	5.1	TITLE					☐ Change	Addition
NAME	BERNBLITT, HENRITTA		5.2	NAME						
STREET ADDRESS	81 EASTHAMPTON D		5.3	STREET	ADDRESS	s				
CITY-ST-ZIP	W PALM BCH, FL 00000		5.4	City-S	T-ZIP					
TITLE		☐ DELETE		TITLE					☐ Change	Addition
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS	s				1
CITY-ST-ZIP				CITY-S		Ì				

14. I do 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate

Daytime Phone * Dosgiana True Phone * Daytime Phone * Da

FILED

Mar 06 1997 8:00am

Secretary of State