FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742457** **(5)**

1. Corporation Name

NORTHAMPTON O CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
301 NORTHAMPTON O CENTURY VILLAGE WEST PALM BEACH FL 33417 US	301 NORTHAMPTON O CENTURY VILLAGE WEST PALM BEACH FL 33417 US

3. Date Incorporated or Qualified: **04/14/1978**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1638739** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

VALENTI, ELSIE
301 NORTHAMPTON O
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	WEISS, FAY		12 NAME		
STREET ADDRESS	294 NORTHAMPTON O		13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BURKOFF, ROSE		22 NAME		
STREET ADDRESS	295 NORTHAMPTON O		23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ANISFELD, MARIE		32 NAME		
STREET ADDRESS	286 NORTHAMPTON O		33 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	WEISNER, PEARL		42 NAME		
STREET ADDRESS	283 NORTHAMPTON O		43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	LEVY, CHARLOTTE		52 NAME		
STREET ADDRESS	300 NORTHAMPTON O		53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		54 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	VALENTI, ELSIE		62 NAME		
STREET ADDRESS	301 NORTHAMPTON O		63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ELSIE VALENTI Elsie Valenti Mar. 5, 1996 407-689-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #