FILE NOW: FILING FEE IS $61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90108 032 ****61.25

000402O1

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742457

1. Corporation Name
NORTHAMPTON O CONDOMINIUM ASSOCIATION, INC.

147094 - 90108 - 32

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

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

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

3. Date Incorporated or Qualified: 04/14/1978

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

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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, FAY		1.2 NAME		
STREET ADDRESS	294 NORTHAMPTON O		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWLAND, NORA		2.2 NAME		
STREET ADDRESS	290 NORTHAMPTON O		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANISFELD, MARIE		3.2 NAME		
STREET ADDRESS	286 NORTHAMPTON O		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEISNER, PEARL		4.2 NAME		
STREET ADDRESS	283 NORTHAMPTON O		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, CHARLOTTE		5.2 NAME		
STREET ADDRESS	300 NORTHAMPTON O		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VALENTI, ELSIE		6.2 NAME		
STREET ADDRESS	301 NORTHAMPTON O		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH, FL 00000		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: ELSIE VALENTI Elsie Valenti 2/15/99 561-689-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)