# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2004 8:00 am**
**Secretary of State**
04-02-2004 90064 036 ****61.25

DOCUMENT # 742457

1. Entity Name
NORTHAMPTON O CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 301 NORTHAMPTON O<br>CENTURY VILLAGE<br>WEST PALM BEACH, FL 33417 US | 301 NORTHAMPTON O<br>CENTURY VILLAGE<br>WEST PALM BEACH, FL 33417 US |

03222004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 300 NORTHAMPTON O | 283 NORTHAMPTON O |
| Suite, Apt. #, etc.<br>CENTURY VILLAGE | Suite, Apt. #, etc.<br>1 CENTURY VILLAGE |
| City & State<br>WEST PALM BEACH FL | City & State<br>WEST PALM BEACH FL |
| Zip 33417 Country US | Zip 33417 Country US |

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

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

**6. Name and Address of Current Registered Agent**

VALENTI, ELSIE
301 NORTHAMPTON O
WEST PALM BEACH, FL 33417

**7. Name and Address of New Registered Agent**

Name JAMES R CARVER
Street Address (P.O. Box Number is Not Acceptable) 300 NORTHAMPTON O
CENTURY VILLAGE
City WEST PALM BEACH 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 James R Carver 3-23-04
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, 2004**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>WEISS, FAY<br>294 NORTHAMPTON O<br>WEST PALM BCH, FL 00000, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JAMES R CARVER<br>300 NORTHAMPTON O<br>WEST PALM BEACH FL 33417 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROWLAND, NORA<br>290 NORTHAMPTON O<br>WEST PALM BEACH, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>ARTHUR SAMUELLS<br>302 NORTHAMPTON O<br>WEST PALM BEACH, FL 33417 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANISFELD, MARIE<br>286 NORTHAMPTON O<br>W. PALM BEACH, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLAIRE LACROIX<br>285 NORTHAMPTON O<br>WEST PALM BEACH FL 33417 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>WEISNER, PEARL<br>283 NORTHAMPTON O<br>WEST PALM BEACH, FL 33417 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MIMI ROSEN<br>289 NORTHAMPTON O<br>WEST PALM BEACH, FL 33417 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>CARVER, ANN<br>300 NORTHAMPTON O<br>WEST PALM BEACH, FL 33417 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>VALENTI, ELSIE<br>301 NORTHAMPTON O<br>WEST PALM BCH, FL 00000, | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** JAMES R CARVER James R Carver 3-23-04 561-689-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #