

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90014 039 ****61.25

DOCUMENT # 742457

1. Entity Name
NORTHAMPTON O CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**200 NORTHAMPTON O
CENTURY VILLAGE
WEST PALM BEACH, FL 33417 US**

Mailing Address
**SEACREST SERVICES INC.
2400 CENTRE PK W DR STE 175
WEST PALM BEACH, FL 33409 US**

40043586



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**CARVER, JAMES R
300 NORTHAMPTON O
WEST PALM BEACH, FL 33417**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 CARVER** *James Carver Pres.*
Signature, typed or printed name of registered agent and title if applicable.

3-26-07

(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 **VP** ☒ Delete
NAME **WEISS, FAY**
STREET ADDRESS **294 NORTHAMPTON O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **D** ☒ Change ☐ Addition
NAME **WEISS, FAY**
STREET ADDRESS **294 NORTHAMPTON O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **PD** ☐ Delete
NAME **CARVER, JAMES R**
STREET ADDRESS **300 NORTHAMPTON O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **WEISNER, PEARL**
STREET ADDRESS **283 NORTHAMPTON O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **CARVER, ANN**
STREET ADDRESS **300 NORTHAMPTON O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LACROIX, CLAIRE**
STREET ADDRESS **285 NORTHAMPTON O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CLARA LESLIE**
STREET ADDRESS **282 NORTHAMPTON O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JAMES CARVER** *James Carver President* **3-26-07** **561-684-7730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #