

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742762** (8)
1. Corporation Name
EASTHAMPTON D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 78 EASTHAMPTON D WEST PALM BEACH FL 33417	Mailing Address 78 EASTHAMPTON D WEST PALM BEACH FL 33417
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/08/1978	Applied For ☐	Not Applicable ☐
4. FEI Number 59-1635195		

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent LEFKOWITZ, ROSALIND 78 EASTHAMPTON D W PALM BCH FL 33409
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D FEIFER, MORRIS LEW
STREET ADDRESS	92 EASTHAMPTON D
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	☐ DELETE
NAME	V YODIN, NAT
STREET ADDRESS	73 EASTHAMPTON D
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	VPD DA STALFO, ELIZABETH
STREET ADDRESS	77 EASTHAMPTON D
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	☐ DELETE
NAME	D LEFKOWITZ, ROSALIND
STREET ADDRESS	781 EASTHAMPTON D
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	☐ DELETE
NAME	S BERNBLITT, HENRITTA
STREET ADDRESS	81 EASTHAMPTON D
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Morris Leif Feifer* 2/9/98 683-5091

CR2E037 (10/97)