



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90039 027 ****61.25

DOCUMENT # 742776 1. Entity Name NORTHAMPTON C CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 54 NORTHAMPTON C ASSN. WEST PALM BEACH FL 33417 US				Mailing Address 2575 HOMEWOOD RD WEST PALM BEACH FL 33406 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 57 NORTHAMPTON C Suite, Apt. #, etc. WEST PALM BEACH, FL City & State Zip 33417			
Country US		Country US		4. FEI Number 59-1638246 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent PALM BEACH MAINT & MGMT INC 2575 HOMEWOOD RD WEST PALM BEACH FL 33406			7. Name and Address of New Registered Agent Name: ANGELO TARANTINO INC Street Address (P.O. Box Number is Not Acceptable) 57 NORTHAMPTON C 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D COPPOLA, CANIO 43 NORTHAMPTON C WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COPPOLA, CANIO 43 NORTHAMPTON C WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LABOTA, JOHN 48 NORTHAMPTON C WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARANTINO, ANGELO 57 NORTHAMPTON C WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRASSARD, RENE 50 NORTHAMPTON C WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILK, HERB 45 NORTHAMPTON C WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHAND, MICHALINE 53 NORTHAMPTON C WPB FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETZEL, ALAN 55 NORTHAMPTON C WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROTKIN, PAULA 49 NORTHAMPTON C WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, JULIA 54 NORTHAMPTON C WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Angelo Tarantino</i> ANGELO TARANTINO 4/7/04 561 628 4289 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					