

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 011 ****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
**SEACREST SERVICES, INC.
2400 CENTRE PARK W. DRIVE #175
WEST PALM BEACH, FL 33409 US**

40044190



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
59-1638246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TARANTENO, ANGELO
57 NORTHAMPTON C
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

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

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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	COPPOLA, CANIO	
STREET ADDRESS	43 NORTHAMPTON C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	TARANTINO, ANGELO	
STREET ADDRESS	57 NORTHAMPTON C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILK, HERB	
STREET ADDRESS	45 NORTHAMPTON C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCHAND, MICHALINE	
STREET ADDRESS	53 NORTHAMPTON C	
CITY-ST-ZIP	WPB, FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROTKIN, PAULA	
STREET ADDRESS	49 NORTHAMPTON C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORD, JULIA	
STREET ADDRESS	54 NORTHAMPTON C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Angelo Tarantino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07 **561 628 4789**
Date Daytime Phone #