

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90017 039 ****61.25

DOCUMENT # 742777 1. Entity Name NORTHAMPTON E CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 95 NORTHAMPTON E WEST PALM BEACH, FL 33417-7608 US				Mailing Address 95 NORTHAMPTON E WEST PALM BEACH, FL 33417-7608 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address SEACREST SERVICES 2400 CENTRE PARK W. DR #175		01102006 Chg-NP CR2E037 (11/05)	
City & State WEST PALM BEACH		City & State WEST PALM BEACH		4. FEI Number 59-1639061	
Zip 33409		Country P.B.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KASKAWITS, MARVIN 95 NORTHAMPTON E WEST PALM BEACH, FL 33417-7608				7. Name and Address of New Registered Agent Name SEACREST SERVICES (M. R) Street Address (P.O. Box Number is Not Acceptable) 2400 CENTRE PARK W. DR, STE 175 City WEST PALM BEACH, FL Zip Code 33409	
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 KASKAWITS, BERNICE 96 NORTHAPPTOM 'E' W PALM BEACH, FL 334177608	<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	PD DUNN, FRANK 88 NORTHAMPTON E WEST PALM BEACH, FL 334171738	<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	VTD KASKAWITS, MARVIN 89 NORTHAMPTON 'E' WEST PALM BEACH, FL 334177608	<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	D YANOWITZ, DORIS 89 NORTHAMPTON WEST PALM BEACH, FL 334177607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition YANOWITZ, Hy	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECKMAN, JOSEPH 91 NORTHAMPTON E WEST PALM BEACH, FL 334177607	<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	D BRAUNSTEIN, FLORENCE 97 NORTHAMPTON E 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 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: <u>Marvin Kaskawits</u> MARVIN KASKAWITS 1/10/06 561 683 2930 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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