FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742778 (4)

1. Corporation Name

NORTHAMPTON K CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
NORTHAMPTON K-206 CENTURY VILLAGE W PALM BCH FL 33417	NORTHAMPTON K-206 CENTURY VILLAGE W PALM BCH FL 33417

3. Date Incorporated or Qualified: 05/08/1978
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1639026 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SIEDNER, WALTER E.~~ WEINSTEIN, IRVING
~~NORTHAMPTON K-206~~ NORTHAMPTON K-206
~~WEST PALM BEACH FL 33417~~ WEST PALM BEACH, FL 33417-1749

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 617.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY, PETROGLIA		1.2 NAME		
STREET ADDRESS	220 N HAMPTON		1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, FLORENCE		2.2 NAME		
STREET ADDRESS	NORTHAMPTON K-209		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SIEDNER, WALTER E.		3.2 NAME	WEINSTEIN, IRVING	
STREET ADDRESS	NORTHAMPTON K-206 CV		3.3 STREET ADDRESS	NORTHAMPTON K-208 CV	
CITY-ST-ZIP	W PALM BCH, FL 00000		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417-1749	
TITLE	P	☑ DELETE	4.1 TITLE	P	☑ Change ☐ Addition
NAME	CAGGIANO, MARY		4.2 NAME	LAWRENCE SILVERMAN	
STREET ADDRESS	NORTH HAMPTON, K-215		4.3 STREET ADDRESS	214 NORTHAMPTON K	
CITY-ST-ZIP	W. PALM BEACH FL		4.4 CITY-ST-ZIP	W PALM BEACH FL.	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, MILDRED		5.2 NAME		
STREET ADDRESS	NORTH HAMPTON, K-208		5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D C	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCKEEGAN, DORRINE		6.2 NAME		
STREET ADDRESS	216 N HAMPTON K		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lawrence Silverman 2-23-96 407 6492367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE SILVERMAN