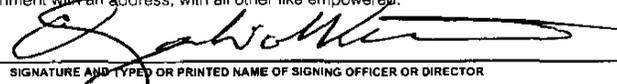


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90061 004 \*\*\*\*61.25

<b>DOCUMENT # 742779</b>			
1. Entity Name NORTHAMPTON R CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O WOLKENSTEIN, OLGA NORTHAMPTON R-361 CENTURY VILLAGE WEST PALM BEACH, FL 33417 US		Mailing Address C/O WOLKENSTEIN, OLGA NORTHAMPTON R-361 CENTURY VILLAGE WEST PALM BEACH, FL 33417 US	
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
		01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1639521		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLKENSTEIN, OLGA NORTHAMPTON R-361 CENTURY VILLAGE WEST PALM BEACH, FL 33417		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 		DATE 2-5-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	VD <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, EILEEN	NAME	KATZ, Eileen
STREET ADDRESS	NORTHAMPTON R-368 CENV	STREET ADDRESS	NORTHAMPTON R-360 CENV
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODSKY, IRVING	NAME	
STREET ADDRESS	NORTHAMPTON R-351 CEN V	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, SELMA	NAME	
STREET ADDRESS	NORTHAMPTON R-370 CEN V	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLKENSTEIN, OLGA	NAME	
STREET ADDRESS	NORTHAMPTON R361 CEN V	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE 2-5-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-682-3629	