NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 742780

1. Corporation Name

NORTHAMPTON S CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 375 NORTHAMPTON S W PALM BEACH FL 33417

Mailing Address

375 NORTHAMPTON S W PALM BEACH FL 33417

FILED Apr 25, 1999 8:00 am § Secretary of State

04-25-1999 90023 010 ***306.25



2. Principal Place of Business			Mailing Address				05/08/1978				
Suite, Apt. #, etc.		26	26 Suite, Apt. #, etc.				4. FEI Number Applied For				
¬ ''			State, Apr. #, 610.		ļ		59-1638678		Ì	- ' ' '	Applicable
City & State		27	City & State	•		_	Certifcate of Status Desired				ditional
23		28					or Certificate of Status Besilies		F	ee Red	uired
Zip	Country Zip			Country			6. Election Campaign Financing	- 11			
24 25 29 3						_	Trust Fund Contribution Added to Fees				
	9. Name and Address of Current i	Regis	stered Agent				10. Name and Address of New	Kegistered /	Agent		
				10	31	Name					
Hammer Selma 394 Northampton S					32	Street Addre	ess (P.O. Box Number is Not Accept	able)			_
					83						
W PALM BEACH FL 33417					53						
					34	City		FI		85 Zip Code	
										!	agistorad
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 6	\$17.1508, Florida Statutes, da. Such change was auth	, the abo norized b	ove ov t	-named corpo he corporation	pration submits this statement for the n's board of directors. I hereby acce	pt the appoi	cnangi ntment	as reg	istered
agent. I as	π familiar with, and accept the obligation	ns of	, Section 617.0503, Florid	a Statut	es.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		·	
SIGNATURE	•							DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						signature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIR	FCTOR	S IN 12
12.	OFFICERS AND DIRECT		DELETE	13.	_		ADDITIONO/OFFINITOZO TO OFFI TOZETO / III.		□ Cr		Addition
TITLE	D									J	_
NAME	LEIZERMAN, ISSIE			1.2 NAM	_						
STREET ADDRESS	396 NORTHHAMPTON SOUTH					ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL ☐ DELETE			1.4 CITY-ST-ZIP				·····	ПCI	anne	Addition
TITLE	D		C DELETE	-							
NAME	ALTMAN, ETHEL			2.2 NAM		4 B B B B B B B B B B B B B B B B B B B					
STREET ADDRESS	378 NORTHAMPTON S			1		ADDRESS					
CITY-ST-ZIP	W PALM BEACH FL		N DELETE	2.4 CIT		r- ZIP			□ CI	ange	Addition
TITLE	TD DELETE			3.1 TITLE 3.2 NAME							
NAME	FOX, ISADORE										
STREET ADDRESS	382 NORTHAMPTON S					ADDRESS					
CITY-ST-ZIP	N PALM BEACH FL			3.4. CITY-ST-ZIP 4.1 TITLE					□ Ci	nange	Addition
TITLE	SD		□ nereie		_						
NAME	HAMMER, SELMA			4. 2 NAX		*******					
STREET ADDRESS	394 NORTHAMPTON S					ADDRESS					
CITY-ST-ZIP	W PALM BEACH FL	_	☐ DELETE	4.4 CITY 5.1 TITL		-ZIP			□ CI	nange	Addition
TITLE	D STANDARD SERVICE		□ pere ie	5.1 IIIL							
NAME	BRAUNSTEIN, GERTRUDE					ADDRESS					
STREET ADDRESS	384 NORTHHAMPTON S			5.4 CITY							
CITY-ST-ZIP	W PALM BEACH FL	_	☐ DELETE	6.1 TITL		· ZIF				nange	Addition
TITLE	VD		□ AETE IE	6.2 NAM	_		•				
NAME	CARR, BARBARA					ADORESS					
STREET ADDRESS	*** ***********************************					1					
City-St-ZIP	W PALM BEACH FL pertify that the information supplied with			6.4 CfT				1.6.46	ALE ALE		T

indicated on this annual report or supplied with this time does not qualify for the except and received in second 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, with all other like empowered.

SIGNATURE: