2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 742780** 1. Entity Name 04-05-2004 90414 050 ****61.25 NORTHAMPTON S CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 396 NORTHAMPTON S W PALM BEACH FL 33417 396 NORTHAMPTON S W PALM BEACH FL 33417 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1638678 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMER SELMA-Street Address (P.O. Box Number is Not Acceptable) 375 NORTHAMPTON S W PALM BEACH FL 33417 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) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State ... Due By May 1, 2004 A STATE OF THE REAL PROPERTY. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE LEIZERMAN, ISSIE NAME NAME 396 NORTHHAMPTON SOUTH STREET ADORESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP + CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HAMMER, SELMA NAME 394 NORTHAMPTON S STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP CITY - ST - ZIP **⊠** Delete Change Addition TITLE BRAUNSTEIN, GERTRUDE NAME NAME 384 NORTHHAMPTON S STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE . □ Delete TITLE CARR. BARBARA NAME NAME 378 NORTHAMPTON S STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

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SIGNATUR

changed, or on an attachment with an address, with all other like empowered

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