2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT #742780 1. Entity Name NORTHAMPTON S CONDOMINIUM ASSOCIATION, INC.					4-09-2007 90095	5 031 ****61	.25	
396 NORTHAMPTON S SE/W PALM BEACH, FL 33417 24		240 CENTRE PARK W DR	Mailing Address Seacrest Services,; Inc 240 Centre Park W Drive, # 175 West Palm Beach, FL 33409		773129			
379 NOUTHAMPTON S 24		3. Mailing Address	2400		11		01 01 1801	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04032007 Ct	ng-NP CR2E	037 (12/06)		
WEST PALM BEACH, FL		City & State	City & State		8	<u> </u>	lied For Applicable	
Zip 33	9/7 Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Addit Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registers	d Agent		
HAMMER SELMA			Name	FRED ZIROI				
375 NORTHAMPTON S W PALM BEACH, FL 33417			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
,			WES/	ST PAIM BEACH				
The above named entity submits this statement for the purpose of changing its registered office or				-	F	_ \ <u></u>	17	
	named entity submits this statement for ions of registered agent. Signature, typed or printed names registered agent.	t		registered agent, or both, in		4-04-07 E		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State			
10.		110011 0110 00	ontribution. [\$5.00 May Be Added to Fees	Florida Der			
	OFFICERS AND DIF		ontribution.	Added to Fees	Florida Dep ES TO OFFICERS AND	partment of Sta	ite	
TITLE	OFFICERS AND DIF			Added to Fees		partment of Sta	ite	
TITLE NAME		RECTORS	11.	Added to Fees		DIRECTORS IN	ite 10	
1	D	RECTORS	11.	Added to Fees		DIRECTORS IN	ite 10	
NAME	D LEIZERMAN, ISSIE	RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Added to Fees ADDITIONS/CHANG	LES TO OFFICERS AND	DIRECTORS IN Change	ite 10	
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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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: 5

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

04-04-07

Change

Addition