


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-09-2007 90095 031 \*\*\*\*61.25

<b>DOCUMENT # 742780</b>	
1. Entity Name NORTHAMPTON S CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 396 NORTHAMPTON S W PALM BEACH, FL 33417	Mailing Address SEACREST SERVICES, INC 240 CENTRE PARK W DRIVE, # 175 WEST PALM BEACH, FL 33409
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2. Principal Place of Business - No P.O. Box # <b>379 Northampton S</b>	3. Mailing Address <b>2400</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>West Palm Beach, FL</b>	City & State
Zip <b>33417</b>	Country

6. Name and Address of Current Registered Agent  HAMMER SELMA 375 NORTHAMPTON S W PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name <b>FRED ZIROT</b> Street Address (P.O. Box Number is Not Acceptable) <b>379 NORTHAMPTON S</b> <b>WEST PALM BEACH</b> City <b>FL</b> Zip Code <b>33417</b>	
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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 <b>Fred Zerot</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>04-04-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIZERMAN, ISSIE 396 NORTHAMPTON SOUTH WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMER, SELMA 394 NORTHAMPTON S W PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>SUZANNE ZIROT</b> <b>379 NORTHAMPTON S</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARR, BARBARA 378 NORTHAMPTON S W PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>FRED ZIROT</b> <b>379 NORTHAMPTON S</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>MICHAEL COSCIA</b> <b>386 NORTHAMPTON S.</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Fred Zerot</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>04-04-07</b> DAYTIME PHONE # <b>561-616-1981</b>