

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04731

FILED
Jan 11, 2006
Secretary of State

Entity Name: NORTON PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1501 S. FLAGLER DR.
W. PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1501 S. FLAGLER DR.
W. PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2778997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, PA
1818 AUSTRALIAN AVE S SUITE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE SOUTH
9TH FLOOR
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: KENNETH DIRECKTOR, ATTY.

01/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: AMATO, ANGELA
Address: 1501 SOUTH FLAGLER DR #7B
City-St-Zip: W PALM BCH, FL 33401

Title: P () Delete
Name: MATTHEWS, GEORGE
Address: 1925 NORTH FLAGLER DR.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: ASHLEY II, GUY
Address: 1501 S FLAGLER DR #5D
City-St-Zip: W. PALM BEACH, FL 33401

Title: S () Delete
Name: BUTLER, WILLIAM L
Address: 1501 S. FLAGLER DR #3F
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: WENDEL, MARCIA
Address: 1501 S. FLAGLER DR. #3A
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MATTHEWS, GEORGE G
Address: 1925 NORTH FLAGLER DR.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA R. SHAPLEIGH, LCAM

MNGR

01/11/2006

Electronic Signature of Signing Officer or Director

Date