


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04731</b> 1. Entity Name <b>NORTON PARK PLACE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1501 S. FLAGLER DR. W. PALM BEACH, FL 33401</b>	Mailing Address <b>1501 S. FLAGLER DR. W. PALM BEACH, FL 33401</b>
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04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2778997</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. 625 N. FLAGLER DRIVE 7TH FLOOR WEST PALM BEACH, FL 33401</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA AMATO, ANGELA 1501 SOUTH FLAGLER DR #7B W PALM BCH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES ASHLEY, II, GUY 1501 SOUTH FLAGLER DR. #5D WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P MATTHEWS, GEORGE G 1925 NORTH FLAGLER DRIVE W. PALM BEACH, FL 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. BUTLER, WILLIAM L 1501 S. FLAGLER DR #3F WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WENDEL, MARCIA 1501 S. FLAGLER DR. #3A WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000930164  
05/21/08-80096-019 61.25

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 prior like empowered.

**SIGNATURE:**  **WILLIAM L. BUTLER 4-25-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #