

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04731

FILED
Jan 12, 2012
Secretary of State

Entity Name: NORTON PARK PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1501 S. FLAGLER DR.
MANAGEMENT OFFICE
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:

BECKER & POLIAKOFF, P.A.
625 N. FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FREEDMAN, MICHAEL A
Address: 1501 SOUTH FLAGLER DRIVE - # 9C
City-St-Zip: WEST PALM BEACH,, FL 33401

Title: V.P.
Name: MATTHEWS, GEORGE G
Address: 1925 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SECY
Name: BUTLER, WILLIAM L
Address: 1501 SOUTH FLAGLER DRIVE - # 3F
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TREA
Name: O'CONNOR, SALLY A
Address: 1501 SOUTH FLAGLER DRIVE - # 3G
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DIR
Name: HURT, JETHRO M III
Address: 1501 SOUTH FLAGLER DRIVE - # 9H
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. BUTLER

SECR

01/12/2012

Electronic Signature of Signing Officer or Director

_____ Date