

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90055 040 ****61.25

DOCUMENT # N37063					
1. Entity Name EASTHAMPTON G CONDOMINIUM ASSOCIATION, INCORPORATED					
Principal Place of Business 149 EASTHAMPTON G CENTURY VILLAGE- 149 WEST PALM BEACH, FL 33417-1928			Mailing Address SEACREST SERVICES INC. 2400 CENTRE PARK W DR, STE 175 WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1805986				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAGLEY, EMILY E 149 EASTHAMPTON G WEST PALM BEACH, FL 33417			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME LEFF, MARION STREET ADDRESS 164 EAST HAMPTON G CITY-ST-ZIP WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE HELEN WEINGARTEN NAME 145 EASTHAMPTON G STREET ADDRESS WEST PALM BEACH, FL CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME OATMAN, MICHAEL STREET ADDRESS 153 EASTHAMPTON G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE VALERIE GUTHRIE NAME 156 EASTHAMPTON G STREET ADDRESS WEST PALM BEACH, FL CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME JOYCE, PHILIP STREET ADDRESS 153 EASTHAMPTON G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE MESQUIDO RINALDO NAME 165 EASTHAMPTON G STREET ADDRESS WEST PALM BEACH, FL CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME TRONER, BRUCE STREET ADDRESS 148 EAST HAMPTON G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BAGLEY, EMILY STREET ADDRESS 149 EAST HAMPTON G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BAGLEY, LEROY E II STREET ADDRESS 149 EAST HAMPTON G CITY-ST-ZIP WEST PALM BEACH, FL 33417	<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: <i>Emily E. Bagley</i>			EMILY E. BAGLEY		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-7-08 561-712-9359 <small>Daytime Phone #</small>		