

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90004 010 ****61.25

DOCUMENT # N42343 1. Entity Name NORTHAMPTON M CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C WEST PALM BEACH, FL 33417		Mailing Address 248 NORTHAMPTON M #248 WEST PALM BEACH, FL 33417	
2. Principal Place of Business Suite, Apt. #, etc. SEACREST SERVICES INC. 2400 CENTREPARK DR. W. SUITE 175 WEST PALM BEACH, FL 33409		3. Mailing Address 248 NORTHAMPTON M	
City & State WEST PALM BEACH, FL		4. FEI Number 59-0363592	
Zip 33409		Applied For <input type="checkbox"/> Not Applicable	
Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOSS, ARTHUR 245 NORTHAMPTON M WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent 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 <i>Arthur Soss</i> - Arthur Soss <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1/15/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 SOSS, ARTHUR STREET ADDRESS 245 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE P/D NAME SOSS, ARTHUR STREET ADDRESS 245 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME DE FRO, JOHN STREET ADDRESS 242 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE V/D NAME DEFEO, JOHN STREET ADDRESS 242 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME GODBERG, GERALD STREET ADDRESS 248 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE S/D NAME GOLDBERG, GERALD STREET ADDRESS 241 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ROSS, ROBERTS STREET ADDRESS 248 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE T/D NAME BROWN, SHIRLEY STREET ADDRESS 244 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BLANKSTEIN, HARRIET STREET ADDRESS 243 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE D NAME BLANKSTEIN, HARRIET STREET ADDRESS 243 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME ROSS, ROBERTS STREET ADDRESS 248 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE T NAME ROSS, ROBERTS STREET ADDRESS 248 NORTHAMPTON M CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Arthur Soss</i> - Arthur Soss <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1/15/05 DAYTIME PHONE # 616-3394 <small>Date Daytime Phone #</small>	