

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90038 021 ****61.25

DOCUMENT # N42343

1. Entity Name
NORTHAMPTON M CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C
WEST PALM BEACH, FL 33417

Mailing Address
245 NORTHAMPTON M
#245
WEST PALM BEACH, FL 33417

4001001-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0363592

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOSS, ARTHUR
245 NORTHAMPTON M
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SOSS, ARTHUR
245 NORTHAMPTON M
WEST PALM BEACH, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DEFEQ, JOHN
242 NORTHAMPTON M
WEST PALM BEACH, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
GOLDBERG, GERALD
241 NORTHAMPTON M.
WEST PALM BEACH, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BROWN, SHIRLEY
244 NORTHAMPTON M
W PALM BCH, FL 33417

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
BROWN, SHIRLEY
244 NORTHAMPTON M
WEST PALM BEACH, FL 33417
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BLANKSTEIN, HARRIET
243 NORTHAMPTON M
WEST PALM BEACH, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
SOSS, ETHEL L.
245 NORTHAMPTON M
WEST PALM BEACH, FL 33417
☐ Change ☒ 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:

Arthur Soss

2/4/07

616-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #