2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42343

FILED Mar 31, 2011 Secretary of State

Entity Name: NORTHAMPTON M CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

247 NORTHAMPTON M 244 NORTHAMPTON M

WEST PALM BEACH, FL 33417 US WEST PALM BEACH, FL 33417 US

Current Mailing Address: New Mailing Address:

NORTHAMPTON M C/O SEACREST SERVICES INC 2400 CENTREPARK W DR #175 WEST PALM BEACH, FL 33409 US

FEI Number: 59-0363592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIRECTOR, KENNETH S ESQ

BECKER & POLIAKOFF P.A.

625 N FLAGLER DR 7TH FL

WEST PALM BEACH, FL 33401 US

CLAIRE, INA

BECKER & POLIAKOFF P.A.

625 N FLAGLER DR 7TH FL

WEST PALM BEACH, FL 33401 US

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: INA CLAIRE 03/31/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: S

Name: CLAIRE, INA

Address: 247 NORTHAMPTON M

City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: P

Name: COLON-RIVERA, ANGEL Address: 248 NORTHAMPTON M

City-St-Zip: WEST PALM BEACH, FL 33417 US

Title:

Name: VARKAL, JEANNETTE Address: 246 NORTHAMPTON M

City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP

Name: DEFEO, JOHN

Address: 180 BROOKFIELD AVENUE City-St-Zip: STATEN ISLAND, NY 10308 US

Title: D

Name: BLANKSTEIN, HARRIET Address: 243 NORTHAMPTON M

City-St-Zip: WEST PALM BEACH, FL 33417 US

Title:

 Name:
 YAKUBOVICH, ALEX

 Address:
 978 SHELDON AVENUE

 City-St-Zip:
 STATEN ISLAND, NY 10309 US

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: SUSAN HASSETT MGRM 03/31/2011