


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 742761

1. Entity Name
 EASTHAMPTON A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 EASTHAMPTON A-4
 CENTURY VILLAGE
 WEST PALM BEACH, FL 33417 US

Mailing Address
 EASTHAMPTON A-4
 CENTURY VILLAGE
 WEST PALM BEACH, FL 33417 US

DO NOT WRITE IN THIS SPACE



07052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1648584

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CANEVA, JOAN
 EASTHAMPTON A-16
 WEST PALM BEACH, FL 33417

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEIDNER, JACK EASTHAMPTON A-20 W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LOMONICO, SAM EASTHAMPTON A-12A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SARRO, IRENE EASTHAMPTON A-24 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCHWARTZ, ANN EASTHAMPTON A-5 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GAROLSKY, DOROTHY EASTHAMPTON A-4 WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANEVA, JOAN EASTHAMPTON A-16 WEST PALM BEACH, FL 33417

100000165235
 07/12/04-80007-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Joan Caneva, Pres. 7/8/04 JOAN CANEVA 561-686-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/12/ Month Year