


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90184 030 ****61.25

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
**SEACREST SERVICES, INC.
 2400 CENTRE PARK W. DRIVE, # 175
 WEST PALM BEACH, FL 33409 US**

60022450



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

0120206 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-1648584

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

7. Name and Address of New Registered Agent

Name
Mr. Arthur Kott

Street Address (P.O. Box Number is Not Acceptable)
7 Easthampton A

City
West Palm Beach FL Zip Code
33417

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 *Arthur B Kott* **ARTHUR B. KOTT** **3/3/06**

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, 2006**

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

TITLE D	SEIDNER, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	EASTHAMPTON A-20	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE VD	GORDON, HAZEL	<input type="checkbox"/> Delete
STREET ADDRESS	EASTHAMPTON A-6	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE SD	SARRO, IRENE	<input type="checkbox"/> Delete
STREET ADDRESS	EASTHAMPTON A-24	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE VPD	SCHWARTZ, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	EASTHAMPTON A-5	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE TD	GAROLSKY, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS	EASTHAMPTON A-4	
CITY-ST-ZIP	WEST PALM BCH, FL	
TITLE PD	CANEVA, JOAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	EASTHAMPTON A-16	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

11. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	Moore, Lee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18 Easthampton A	
CITY-ST-ZIP	West Palm Beach, Fl., 33417	
TITLE D	Lamonica, Viola	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12A Easthampton A	
CITY-ST-ZIP	West Palm Beach, Fl., 33417	
TITLE PD	Kott, Arthur	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7 Easthampton A	
CITY-ST-ZIP	West Palm Beach, Fl., 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Irene Sarro* **(IRENE SARRO) Secy** **3/3/06** **561-689-4406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #