#### 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 742761

Entity Name: EASTHAMPTON A CONDOMINIUM ASSOCIATION, INC.

#### **Current Principal Place of Business:**

5348 CRYSTAL ANNE DRIVE WEST PALM BEACH, FL 33417

# **Current Mailing Address:**

EASTHAMPTON A C/O SEACREST SERVICES INC 2101CENTREPARK W DR STE 110 WEST PALM BEACH, FL 33409 US

## FEI Number: 59-1648584

# Name and Address of Current Registered Agent:

SEFTENBERG, STEPHEN 5348 CRYSTAL ANNE DRIVE WEST PALM BEACH, FL 33417 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:	: STEPHEN SEFTENBERG (KR)			05/28/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	TREASURER	Title	VP	
Name	SCHILLER, WOLFGANG	Name	CARUSO, ROSEMARY	
Address	22 EASTHAMPTON A	Address	23 EASTHAMPTON A	
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417	,
Title	PRESIDENT	Title	SECRETARY	
Name	SEFTENBERG, STEPHEN L	Name	SARRO, IRENE	
Address	5348 CRYSTAL ANNE DRIVE	Address	24 EASTHAMPTON A	
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417	,
Title	DIRECTOR	Title	DIRECTOR	
Name	KOTT, ARTHUR	Name	SAN FILIPPO, MARSHA	
Address	7 EASTHAMPTON A	Address	2 EASTHAMPTON A	
City-State-Zip:	WPB FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417	,
Title	DIRECTOR			
Name	MOORE, LEE			
Address	18 EASTHAMPTON A			
City-State-Zip:	WEST PALM BEACH FL 33417			

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: STEPHEN SEFTENBERG (KR)

PRESIDENT

05/28/2019

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date