


NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 29 1998 8:00am
 Secretary of State

0007106

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742761 (0)
 1. Corporation 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
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3. Date Incorporated or Qualified 05/08/1978	Applied For
4. FEI Number 59-1648584	Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SEIDNER, JACK
EASTHAMPTON A-20
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEIDNER, JACK		1.2 NAME	
STREET ADDRESS EASTHAMPTON A-20		1.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BCH FL		1.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIDA, LOMONICO		2.2 NAME	
STREET ADDRESS EASTHAMPTON A		2.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REHA, BETTY		3.2 NAME	
STREET ADDRESS EASTHAMPTON 1-21		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, ANN		4.2 NAME	
STREET ADDRESS EASTHAMPTON A-5		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE 2VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GAROLSKY, DOROTHY		5.2 NAME	
STREET ADDRESS EASTHAMPTON A-4		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BCH FL		5.4 CITY-ST-ZIP	
TITLE VP, VSS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CANEVA, JOAN		6.2 NAME	
STREET ADDRESS 18 EASTHAMPTON A-3		6.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33417		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Garolsky* Date: 7/10/98 Daytime Phone #: 561-478-0406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR