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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742761

1. Corporation Name
EASTHAMPTON A CONDOMINIUM ASSOCIATION, INC.

REC
 APR 23 1999
 5Y.

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1648584
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 CANEVA, JOAN 82 Street Address (P.O. Box Number is Not Acceptable) EASTHAMPTON A-16 83 84 City WEST PALM BEACH FL 85 Zip Code 33417
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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 JOAN CANEVA, P Joan Caneva 3/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SEIDNER, JACK EASTHAMPTON A-20 W PALM BCH FL	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT	VIOLA, LOMONICO EASTHAMPTON A WEST PALM BEACH FL	2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST	REHA, BETTY EASTHAMPTON 1-21 WEST PALM BEACH FL	2.2 NAME LOMONICO, SAM EASTHAMPTON A-12A WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD	SCHWARTZ, ANN EASTHAMPTON A-5 WEST PALM BEACH FL	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TVPD	GAROLSKY, DOROTHY EASTHAMPTON A-4 WEST PALM BCH FL	3.2 NAME EASTHAMPTON A-21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSS	CANEVA, JOAN 16 EASTHAMPTON A-3 WEST PALM BEACH FL 33417	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSS	CANEVA, JOAN 16 EASTHAMPTON A-3 WEST PALM BEACH FL 33417	4.2 NAME CANEVA, JOAN EASTHAMPTON A-16 WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Joan Caneva SIGNATURE REQUIRED JOAN CANEVA Date 3/25/99 Daytime Phone # (561) 686-2672

CR2E037 (11/98)