

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

UNIFORM

**DOCUMENT # 742761**

1. Entity Name

**EASTHAMPTON A CONDOMINIUM ASSOCIATION, INC.**

04-26-2001 90303 017 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

**EASTHAMPTON A-4  
 CENTURY VILLAGE  
 WEST PALM BEACH FL 33417  
 US**

**EASTHAMPTON A-4  
 CENTURY VILLAGE  
 WEST PALM BEACH FL 33417  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD**  Delete  
 NAME: **SEIDNER, JACK**  
 STREET ADDRESS: **EASTHAMPTON A-20**  
 CITY-ST-ZIP: **W PALM BCH FL**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **V**  Delete  
 NAME: **LOMONICO, SAM**  
 STREET ADDRESS: **EASTHAMPTON A-12A**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **SD**  Delete  
 NAME: **REHA, BETTY**  
 STREET ADDRESS: **EASTHAMPTON A-21**  
 CITY-ST-ZIP: **WEST PALM BEACH FL**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VPD**  Delete  
 NAME: **SCHWARTZ, ANN**  
 STREET ADDRESS: **EASTHAMPTON A-5**  
 CITY-ST-ZIP: **WEST PALM BEACH FL**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **TD**  Delete  
 NAME: **GAROLSKY, DOROTHY**  
 STREET ADDRESS: **EASTHAMPTON A-4**  
 CITY-ST-ZIP: **WEST PALM BCH FL**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **PD**  Delete  
 NAME: **CANEVA, JOAN**  
 STREET ADDRESS: **EASTHAMPTON A-16**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33417**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. 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 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 **JOAN CANEVA, PRES.** 2/16/01 686-2672  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)