


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90194 004 ****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
**EASTHAMPTON A-4
CENTURY VILLAGE
WEST PALM BEACH FL 33417
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1648584** Applied For
 Not Applicable

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
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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	VD	<input type="checkbox"/> Delete
NAME	SEIDNER, JACK	
STREET ADDRESS	EASTHAMPTON A-20	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOMONICO, SAM	
STREET ADDRESS	EASTHAMPTON A-12A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SARRO, IRENE	
STREET ADDRESS	EASTHAMPTON A-24	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ANN	
STREET ADDRESS	EASTHAMPTON A-5	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAROLSKY, DOROTHY	
STREET ADDRESS	EASTHAMPTON A-4	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANEVA, JOAN	
STREET ADDRESS	EASTHAMPTON A-16	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 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 **SIGNATURE REQUIRED** CANEVA 1/8/03 (561)686-2672

CFR2E037 (10/02)