FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris .

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759595

1. Corporation Name

NORTHVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3131 FINSTERWALD DR. TITUSVILLE FL 32780-4875

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

3131 FINSTERWALD DR. TITUSVILLE FL 32780-4875 US

FILED Jan 26, 1999 8:00am Secretary of State

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3. Date Incorporated or Qualifed

08/12/1981

Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			4. FEI Number		Applied For	
22					59-2383016		Not Applicable	
City & Sta	City & State City & State				S. Contiferate of Ototop Bookers	_ \$8	.75 Additional	
23	28				5. Certificate of Status Desired		ee Required	
Zip	Country · Zip Co				6. Election Campaign Financing	_ ' \$	5.00 May Be	
24	25 29 30			Trust Fund Contribution Added to Fees			•	
9. Name and Address of Current Registered Agent					10. Name and Address of New R			
			81	Name		· · · · · · · · · · · · · · · · · · ·		
HANCON DICHADO								
HANSON, RICHARD STORE STORE AND STORE STOR				82 Street Address (P.O. Box Number is Not Acceptable)				
5151 FINSTERNALD Dr.								
11103VILLE FL 32700 [
many distriction of the state o				City		FI 85	Zip Code	
11. Purisign to the provisions of Sections 617 0502 and 617 1508. Florida Statutes the above parent composition cubinities the statement for the entire the statement of Sections 617 0502 and 617 1508. Florida Statutes the above parent composition cubinities the statement for the entire the statement of a Notice that which the statement of a Notice that which the statement of a Notice that which the statement of								
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 rampilar with, and accept the obligations of Section 617.0503, Florida Statutes. ### 187 多数 と思いる (表現 という) また という また という また という はいまた といり はいまた という はいまた という はいまた という はいまた という はいまた という はいまた という								
SIGNATURE Signature, typed or punted name of registered agent and title if appticable. (NOTE: Registered Agent signature required when reinstating) / DATE								
12.	Signature, typed or printed name of registered agent and OFFICERS AND D		egistered Agent	signature re	equired when reinstating) / / ADDITIONS/CHANGES TO OFF	DATE	ECTORE IN 42	
TITLE	PD	DELETE	1,1 TITLE	<u>-</u>		CERS AND DIR		
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STREET ADDRESS				ADDRESS	69790180A	•		
CITY-ST-ZIP				-ZIP				
TILE	VD	☐ DELETE	2.1 TITLE				nange 🔲 Addition	
NAME	BONANNO, JOSEPH							
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 2.40			-ZIP		•		
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STREET ADDRESS	3131 FINSTERWALD DR.	And the second second	4.3 STREET	ADORESS				
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TITLE	\$	☐ DELETE	5.1 TITLE			□ Ch	ange Addition	
NAME	BONANNO. MARGARET		5.2 NAME			- :	·	
STREET ADDRESS	3147 FINSTERWALD DR.		5.3 STREET	ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-	ZIP	· (4) · (1) (1)			
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CITY-ST-ZIP	TAIR IN A Abril of The Abril of	' Pl' 1 () ()	0.4 UHY-ST-	ZIP				

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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