## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 29, 2004 8:00 am Secretary of State **DOCUMENT # 759595** 03-29-2004 90410 046 \*\*\*\*70.00 NORTHVIEW CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address NORTHVIEW CONDOS P O BOX 2925 NORHTVIEW CONDOS TITUSVILLE FL 32780 TITUSVILLE FL 32781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2383016 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOHN BROOKSHIRE, JOANNA L Street Address (P.O. Box Number is Not Acceptable) 3131 FINSTERWALD DRIVE TITUSVILLE FL 32780 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 Noed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete resident TITLE TITLE Change KINCH, ROBERT NAME NAME FINSTERWALD 3151 FINSTERWALD DR. STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change RHODES, RUSSELL NAME NAME 3143 FINSTERWALD DR STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITLE Name TITLE POWERS, RANDALL NAME TITE NAME 3127 FINSTERWALD DR. STREET ADDRESS STREET-ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE GIFFIN, BRUCE NAME NAME 3135 FINSTERWALD DR STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-78 **Z** Selete ☐ Change TITLE TITLE ☐ Addition BROOKSHIRE, JOANNA NAME NAME 3131 FINSTERWALD DR STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

LATE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED