

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759595

FILED
Feb 09, 2005
Secretary of State

Entity Name: NORTHVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

NORHTVIEW CONDOS
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

NORTHVIEW CONDOS
P O BOX 2925
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 59-2383016 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FORBES, JOHN A
3155 FINSTERWALD DR.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORBES, JOHN A
Address: 3155 FINSTERWALD DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: ST () Delete
Name: FORBES, ANNE
Address: 3155 FINSTERWALD DR
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: POWERS, RANDALL
Address: 3127 FINSTERWALD DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: DM () Delete
Name: GIFFIN, JANNE
Address: 3135 FINSTERWALD DR
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. FORBES

PRES

02/09/2005

Electronic Signature of Signing Officer or Director

Date