

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001366

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** NORTHERN STAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1065 97TH STREET  
APT 2 A  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8290  
C/O UNIFIED PROPERTY SERVICES  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

12358 WILES ROAD  
C/O UNIFIED PROPERTY SERVICES  
CORAL SPRINGS, FL 33076

**FEI Number:** 20-3060418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 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: PRES  
Name: LOGDBERG, PONTUS E  
Address: 9745 BAY HARBOR TERRACE APT 26  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: SEC  
Name: LIEB, HEIDI  
Address: 1065-97TH STREET APT 4-A  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: TRES  
Name: BAGDADI, DINO  
Address: 1065 97TH STREET APT 2A  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

I hereby 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 all other like empowered.

SIGNATURE: PONTUS E LOGDBERG

PRES

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date