


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90217 046 ****61.25

DOCUMENT # 711916 1. Entity Name PENTHOUSE NORTH ASSOCIATION, INC. (A CONDOMINIUM)	
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Principal Place of Business 101 NORTHEAST 19 AVENUE DEERFIELD BEACH, FL 33441	Mailing Address 101 NORTHEAST 19 AVENUE DEERFIELD BEACH, FL 33441
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05032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1168824	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CRNKOVIC, DORIS 103 NE 19TH AVE DEERFIELD BEACH, FL 33441
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**DO NOT WRITE
IN THIS SPACE**

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 Darin Crnkovic T 5/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDERICKSEN, ANN 105 NE 19TH AVE #D154 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CZACHOROWSKI, KAREN 103 NE 19TH AVE #D354 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZALICKI, JEAN 101 NE 19 AVE B326 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRNKOVIC, DORIS 103 NE 19TH AVE #C444 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CHARLES MCNULTY 103 NE 19 AVE #C230 DEERFIELD BEACH, FLORIDA 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HIGGS, STUART 101 NE 19TH AVE #B216 DEERFIELD BEACH, FL 33441

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 firm empowered.

SIGNATURE: Darin Crnkovic 5/5/08 954-427-8573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #