FILE NOW: FILING FEE IS $61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723043 (6)

1. Corporation Name

NORTHPORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
236 CASTLEWOOD DR NORTH PALM BEACH FL 33408	236 CASTLEWOOD DR NORTH PALM BEACH FL 33408-5717

3. Date Incorporated or Qualified: 03/31/1972
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1548364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~ORAGO, BARBARA C.~~ OLIVA, ANTONIO J.
236 CASTLEWOOD ST
N.PALM BCH. FL 33408

10. Name and Address of New Registered Agent

81 Name: ANTONIO J. OLIVA
82 Street Address (P.O. Box Number is Not Acceptable): 236 CASTLEWOOD Dr #308
83
84 City: NORTH PALM BEACH FL 85 Zip Code: 33408

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Antonio J. Oliva — 3/27/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLIVA, ANTONIO J.		1.2 NAME	ANTONIO J. OLIVA (X) CORRECTION	
STREET ADDRESS	236 CASTLEWOOD DR #308		1.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSSELL, AL		2.2 NAME		
STREET ADDRESS	236 CASTLEWOOD DR #207		2.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ARIE		3.2 NAME		
STREET ADDRESS	236 CASTLEWOOD DR. #104		3.3 STREET ADDRESS		
CITY-ST-ZIP	N.PALM BCH. FL		3.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	VINCENT, FRANCES		4.2 NAME	DULCE MUCKERMAN	
STREET ADDRESS	236 CASTLEWOOD DR. #204		4.3 STREET ADDRESS		
CITY-ST-ZIP	N.PALM BCH. FL		4.4 CITY-ST-ZIP	BOYNTON BCH, FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SELIGMAN, LEONARD		5.2 NAME		
STREET ADDRESS	236 CASTLEWOOD DR. #307		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH. FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

Antonio J. Oliva — 3/27/97 — (561) 881-9673