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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723043 (6)
1. Corporation Name
NORTHPORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 236 CASTLEWOOD DR NORTH PALM BEACH FL 33408	Mailing Address 236 CASTLEWOOD DR NORTH PALM BEACH FL 33408
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/31/1972	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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent
**OLIVA, ANTONIO J
236 CASTLEWOOD ST
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent
81 Name **ALFRED BUSSELL**
82 Street Address (P.O. Box Number is Not Acceptable) **236 CASTLEWOOD Dr. #202**
83
84 City **N. 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 *Alfred Bussell* DATE **2/12/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	OLIVA, ANTONIO J	
STREET ADDRESS	236 CASTLEWOOD DR #308	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	VP	☐ DELETE
NAME	BUSSELL, AL	
STREET ADDRESS	236 CASTLEWOOD DR #207	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	SD	☐ DELETE
NAME	NELSON, ARIE	
STREET ADDRESS	236 CASTLEWOOD DR. #104	
CITY-ST-ZIP	N.PALM BCH. FL	
TITLE	TD	☒ DELETE
NAME	MUCKERMAN, DULCE	
STREET ADDRESS	236 CASTLEWOOD DR. #204	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☐ DELETE
NAME	SELIGMAN, LEONARD	
STREET ADDRESS	236 CASTLEWOOD DR. #307	
CITY-ST-ZIP	N. PALM BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T	☒ Change ☐ Addition
1.2 NAME	OLIVA, ANTONIO J. (D)	☒ D
1.3 STREET ADDRESS	- SAME -	
1.4 CITY-ST-ZIP		
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	BUSSELL, AL (D)	☒ D
2.3 STREET ADDRESS	- SAME -	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	CHARLES TRAXLER SR. (D)	☒ D
3.3 STREET ADDRESS	236 CASTLEWOOD DR #202	
3.4 CITY-ST-ZIP	NPB, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE: *Alfred Bussell* **Alfred Bussell 2/12/98 561-842-2553**

CR2E037 (10/97)