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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723043

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

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

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

3. Date Incorporated or Qualified: 03/31/1978

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

9. Name and Address of Current Registered Agent

BUSSELL, ALFRED
236 CASTLEWOOD STREET
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: William Saglio
82 Street Address (P.O. Box Number is Not Acceptable): 236 Castlewood Drive
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: William Saglio — 2/2/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	D VP	☐ Change ☒ Addition
NAME	OLIVA, ANTONIO J		1.2 NAME	William Saglio	
STREET ADDRESS	236 CASTLEWOOD DR #308		1.3 STREET ADDRESS	236 Castlewood Dr #205	
CITY-ST-ZIP	N PALM BCH FL		1.4 CITY-ST-ZIP	NPB FL 33408	
TITLE	T ~~PD~~ ~~Treasurer~~	☐ 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	D ~~VPD~~ Secretary	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ARIE		3.2 NAME		
STREET ADDRESS	236 CASTLEWOOD DR, ~~#292~~ 104		3.3 STREET ADDRESS		
CITY-ST-ZIP	N.PALM BCH. FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SELIGMAN, LEONARD		4.2 NAME		
STREET ADDRESS	236 CASTLEWOOD DR. #307		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH. FL		4.4 CITY-ST-ZIP		
TITLE	D President	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	Charles Traxler		5.2 NAME		
STREET ADDRESS	236 Castlewood Dr #202		5.3 STREET ADDRESS		
CITY-ST-ZIP	NPB FL 33408		5.4 CITY-ST-ZIP		
TITLE	T Treasurer	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	Barbara Crago		6.2 NAME		
STREET ADDRESS	236 Castlewood Dr #105		6.3 STREET ADDRESS		
CITY-ST-ZIP	NPB FL 33408		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Secretary — 2/2/99 — 561 848 1000 X. 213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #