

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723043

1. Entity Name

NORTHPORT CONDOMINIUM ASSOCIATION, INC. ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90098 026 ****61.25

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1548364 Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAGLIO, WILLIAM
236 CASTLEWOOD DR.
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME SAGLIO, WILLIAM
STREET ADDRESS 236 CASTLEWOOD DR. 205
CITY-ST-ZIP N PALM BCH FL 33408 ☐ Delete

TITLE T
NAME BUSSELL, AL
STREET ADDRESS 236 CASTLEWOOD DR #207
CITY-ST-ZIP N PALM BEACH FL ☐ Delete

TITLE D
NAME NELSON, ARIE
STREET ADDRESS 236 CASTLEWOOD DR, #202
CITY-ST-ZIP N.PALM BCH. FL ☒ Delete

TITLE PD
NAME TRAXLER, CHARLES
STREET ADDRESS 236 CASTLEWOOD DR.
CITY-ST-ZIP N. PALM BEACH FL 33408 ☒ Delete

TITLE T
NAME CRAGO, BARBARA
STREET ADDRESS 236 CASTLEWOOD DR.
CITY-ST-ZIP N. PALM BEACH FL 33408 ☒ Delete

TITLE S
NAME JUDY D EDUARDO
STREET ADDRESS 236 CASTLEWOOD DR #206
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 1
NAME CLAUDIA COTTRELL
STREET ADDRESS 236 Castlewood, #304
CITY-ST-ZIP NPB, FL 33408 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 like empowered.

SIGNATURE: JUDY D EDUARDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00 561-844-7212
Date Daytime Phone #

CR2E037 (5/00)