5/2.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
05-02-2001 90139 014 ****61.25

DOCUMENT # 723043

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAGLIO, WILLIAM 236 CASTLEWOOD DR. NORTH PALM BEACH FL 33408	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] [signature] 4-26-2001
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	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ PRESIDENT SAGLIO, WILLIAM 236 CASTLEWOOD DR. 205 N PALM BCH FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUSSELL, AL 236 CASTLEWOOD DR #207 N PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, ARIE 236 CASTLEWOOD DR, #202 N.PALM BCH. FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. CONTANZO TRE 236 CASTLEWOOD Dr Apt 305 N. PALM BEACH, FLA 33408 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRAXLER, CHARLES 236 CASTLEWOOD DR. N. PALM BEACH FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ P. BUSSELL Sec. 236 CASTLEWood Dr Apt 207 N. PALM BEACH, FLA 33408 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRAGO, BARBARA 236 CASTLEWOOD DR. N. PALM BEACH FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: [signature] Vice President 4-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #