2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 27, 2002 8:00 am Secretary of State **DOCUMENT # 723043** 1. Entity Name NORTHPORT CONDOMINIUM ASSOCIATION, INC. 01-27-2002 90019 040 ****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. . DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1548364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAGLIO, WILDAM 236 CASTLEWOOD DR. North Palá Beach Fl 33408 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Change . Addition Delete TITLE TITLE 50 dy Di Edwards . *206 SAGLIO, WILLIAM NAME NAME STREET ADDRESS 236 CASTLEWOOD DR. 205 STREET ADDRESS PALM Block FL 33 YO B CITY-ST-ZIP N PALM BCH FL 33408 CITY-ST-ZIP TD TITLE BUSSELL, AL 236 CASTLEWOOD DR #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N PALM BEACH FL CITY-ST-ZIP TITLE TITLE NAME BUSSELL. P NAME CFF) 236 CASTLEWOOD DR., APT. 207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP SD DIANE COFFETT B Change DAD 200 236 Caskewood Dr. 4204 NOKTH PALM Beach, FL 33408 TITLE CONTANTINE, S NAME NAME STREET ADDRESS 236 CASTLEWOOD DR., APT. 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH PALM BEACH FL 33408 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED