



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90067 041 ****61.25

| | | | | | |
|---|----------------------------|--|--|---|--|
| DOCUMENT # 723043 | | | |  | |
| 1. Entity 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 04142004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-1548364 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DIEDWARDO, JUDY 236 CASTLEWOOD DR. NORTH PALM BEACH, FL 33408 <i>Alfred Russell</i> | | | Name <i>Bussell Alfred</i> Street Address (P.O. Box Number is Not Acceptable) <i>236 Castlewood Dr #207</i> City <i>North Palm Beach</i> FL Zip Code <i>33408</i> | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>X</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIEDWARDO, JUDY | | NAME | <i>Bussell Alfred</i> | |
| STREET ADDRESS | 236 CASTLEWOOD #206 | | STREET ADDRESS | <i>236 Castlewood Dr #207</i> | |
| CITY-ST-ZIP | N PALM BCH, FL 33408 | | CITY-ST-ZIP | <i>North Palm Beach FL 33408</i> | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIMMER, KYLE | | NAME | | |
| STREET ADDRESS | 236 CASTLEWOOD DR #203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COTTETT, DIANE | | NAME | | |
| STREET ADDRESS | 236 CASTLEWOOD DR. #204 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | | Date: <i>April 14 04</i> (56) 626-0026 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |