2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATURE:

SIGNATURI

AND TYPED OR PRINTED NAME OF SIGM

O OFFICER OR DIRECTOR

Date

Daytime Phone #

Jul 15, 2005 8:00 am **Secretary of State DOCUMENT #723043** 07-15-2005 90021 037 ****61.25 1. Entity Name NORTHPORT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 20004104 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. 07012005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-1548364 Not Applicable Zip Country 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 Name rrentice **BUSSELL, ALFRED** 236 CASTLEWOOD DR., #207 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH, FL 33408 236 Carllown 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 re d agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 Election Campaign Financing \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Z Delete TITLE ☐ Change Addition 25Wec **BUSSELL, ALFRED** NAME NAME STREET ADDRESS 236 CASTLEWOOD DR., #207 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE **Addition** Change Delete whole DIZ ZIMMER, KYLE NAME NAME astle Treasulable 236 CASTLEWOOD DR #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY - ST - ZIP TITLE Detete TITLE Addition COTTETT, DIANE NAME NAME STREET ADDRESS 236 CASTLEWOOD DR. #204 STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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