


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90105 016 \*\*\*\*61.25

<b>DOCUMENT # 723043</b>					
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 - No P.O. Box #		3. Mailing Address		04302007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1548364	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRENTICE, ELAINE 236 CASTLEWOOD DRIVE SUITE 104 NORTH PALM BEACH, FL 33408				NAME <del>Judy DeEdwardo</del> JOSEPH F. KROWSKI Street Address (P.O. Box Number is Not Acceptable) <del>236 CASTLEWOOD DRIVE</del> 236 CASTLEWOOD DRIVE, STE 302 City NORTH PALM BEACH FL Zip Code 33408	
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>Joseph F. Krowski</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 5/24/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KROWSKI, JOSEPH		NAME		
STREET ADDRESS	236 CASTLEWOOD DRIVE SUITE 302		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAGON, KATHRYN		NAME	Neil Gray	
STREET ADDRESS	236 CASTLEWOOD DRIVE		STREET ADDRESS	same	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRENTICE, ELAINE		NAME	Judy DeEdwardo	
STREET ADDRESS	236 CASTLEWOOD DRIVE SUITE 104		STREET ADDRESS	same	
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 exemptions contained in Chapter 119, 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>Joseph F. Krowski</i>				Date: <i>April 30, 07</i> Daytime Phone #: <i>(561) 7581-3201</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

ATTACHMENT

66617019  
Law Offices of

JOSEPH F. KROWSKI, ESQ.

JOSEPH F. KROWSKI, ESQ.  
JASON C. HOWARD, ESQ.

30 COTTAGE STREET  
BROCKTON, MASS. 02301  
Tel. (508) 587-3701  
Fax (508) 588-6035

May 24, 2007

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

Re: **Northport Condominium Association, Inc.**  
**Reference Number: 723043**

Dear Sir/Madam:

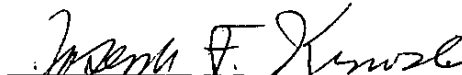
Pursuant to your Notice of May 17, 2007, enclosed please find corrected 2007 Not-For-Profit Corporation Annual Report noting my name as New Registered Agent of the above referenced Northport Condominium Association.

A check in the amount of \$61.25 was forwarded with the original report which has not been returned to my office.

Kindly file same.

Thank you.

Very truly yours  
LAW OFFICE OF JOSEPH F. KROWSKI

  
JOSEPH F. KROWSKI, ESQUIRE

JFK/fm

Encls.