


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 723043
 1. Entity Name
 NORTHPORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 236 CASTLEWOOD DR 236 CASTLEWOOD DR
 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-1548364 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KEOWSKI, JOSEPH F
 236 CASTLEWOOD DRIVE
 SUITE 302
 NORTH PALM BEACH, FL 33408

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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 Joseph F. Kowski, Pres NPCA Joseph Kowski DATE April 25, 2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

000000931918
 05/22/08-80082-023 61723

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KROWSKI, JOSEPH
STREET ADDRESS	236 CASTLEWOOD DRIVE SUITE 302
CITY- ST- ZIP	NORTH PALM BEACH, FL 33408
TITLE	T
NAME	GRAY, NEIL
STREET ADDRESS	236 CASTLEWOOD DRIVE
CITY- ST- ZIP	NORTH PALM BEACH, FL 33408
TITLE	S
NAME	DEEDWARDS, JUDY
STREET ADDRESS	236 CASTLEWOOD DRIVE SUITE 104
CITY- ST- ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Joseph F. Kowski, Pres NPCA Joseph Kowski Date April 25, 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #