

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724392

FILED
Mar 06, 2006
Secretary of State

Entity Name: PRIVATEER NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1540826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDONNELL, ROBERT
Address: 1050 LONGBOAT CLUB RD #503
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VPD () Delete
Name: SKUPIEN, RITA
Address: 117 WINDWOOD PTE
City-St-Zip: ST. CLAIR SHORES, MI 48080

Title: TD () Delete
Name: ALLMAN, DENNIS
Address: 1050 LONGBOAT CLUB RD #703
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: MOELLER, MARY LOU
Address: 5111 WIND POINT RD
City-St-Zip: RACINE, WI 53402

Title: D () Delete
Name: SINGER, IRA
Address: 1050 LONGBOAT CLUB RD #1001
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MCDONNELL

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date