2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# 724392

Entity Name: PRIVATEER NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 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 03/02/2007

Electronic Signature of Signing Officer or Director — Date