## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

198/4 151

CITY-ST-ZIP

## FILED Mar 07, 2006 8:00 am Secretary of State

|   | ANNUAL   | REPURI                          |                                   | _ Se   | cretary o                                     | of State                          |  |
|---|--|---------------------------------|-----------------------------------|--|---|-----------------------------------|--|
| DOCUMENT # 742745  1. Entity Name                       |  |                                 |                                   |  | 3-07-2006 90012 0                             |                                   |  |
|   | N N CONDOMINIUM ASSOC                                  | IATION, INC.                    |                                   |  |   |                                   |  |
| Principal Pla   | ce of Business   | Mailing Address                 |                                   | 7 7  |   |                                   |  |
| CAMDEN N312<br>CENTURY VILLAGE                          |  | CAMDEN N312<br>Century Village  |                                   |  | •   |                                   |  |
| 1   | BEACH, FL 33417 US                                     | WEST PALM BEACH, FL             | . 33417 US                        | 1 18 BY 1 19 BY 1 BY 1                             |   | ität pien pipi alallisi si isal   |  |
| 2 Principal   | Place of Business                                      | 3. Mailing Address              |                                   |  |   |                                   |  |
| 2. PhiloparPlace of Busiless                            |  | 3. Walling Address              |                                   |  |   | SERT ETRIT ETRIT BLEMSON DE CERT  |  |
| Suite, Apt. #, etc.                                     |  | Suite, Apt. #, etc.             |                                   | 02012006 C   | hg-NP CR2E                                    | 037 (11/05)                       |  |
| City & Sta  | ate  | City & State                    |                                   | 4. FEI Number 59-163614                            | 41  | Applied For Not Applicable        |  |
| Zip   | Country  | Zip                             | Country                           | 5. Certificate of S                                | tatus Desired                                 | \$8.75 Additional Fee Required    |  |
|   | 6. Name and Address of Current F                       | Registered Agent                |                                   | 7. Name and Add                                    | fress of New Registered                       | <del></del>                       |  |
| RUIESTE   | IN ZELDA   |                                 | Name                              | Name   |   |                                   |  |
| BLUESTEIN, ZELDA 312 CAMDEN N WEST PALM BEACH, FL 33417 |  |                                 | Street Addres                     | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |  |
| 1120117   |  |                                 |                                   |  |   |                                   |  |
| •   |  |                                 | City                              |  | F   | Zip Code                          |  |
|   | e named entity submits this statement for              | the purpose of changing its     | registered office or regis        | stered agent, or both, in                          | the State of Florida. I an                    | n familiar with, and accept       |  |
| the obliga  | ations of registered agent.                            |                                 |                                   |  |   |                                   |  |
| SIGNATURE   | Signature, typed or printed name of registered agent a | nd title if annicable (NOTE     | : Registered Agent signature requ | ired when reinstating)                             | DATE  |                                   |  |
|   |  |                                 |                                   | and when territorial and y                         | 1   |                                   |  |
|   | Filing Fee is \$61.25<br>Due by May 1, 2006            | 9. Election Can<br>Trust Fund C | npaign Financing<br>Contribution. | \$5.00 May Be<br>Added to Fees                     | Į.  | ck payable to<br>artment of State |  |
| 10.   | OFFICERS AND DIR                                       |                                 | 11.                               | ADDITIONS/CHANG                                    | ES TO OFFICERS AND D                          |                                   |  |
| TITLE<br>NAME   | D<br>VESTAL, JOY                                       | Delete                          | TITLE D                           | MY PRM9 GK   | •   | Change Addition                   |  |
| STREET ADDRESS  | 335 CAMDIN N   |                                 | STREET ADDRESS                    | NY PRAGER.   | /y·   |                                   |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33417                              |                                 | CITY-ST-ZIP V                     | FT PMM 13  | CASSARINO                                     | 7                                 |  |
| TITLE<br>NAME   | STD<br>FRIED, EVA                                      | ☐ Delete                        | TITLE コル                          | WATERE G   | CASSARINO                                     | ☐ Change ☐ Addition               |  |
| STREET ADDRESS  | 1  |                                 | STREET ADDRESS .7.2               | OF CAMDED  | / //  |                                   |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33417                              |                                 | CITY-ST-ZIP WA                    | FET PALM   | Bels. F=1. 33                                 | 417                               |  |
| TITLE   | D V. P   | ☐ Delete                        | TITLE D                           |  | n D. n/10                                     | ☐ Change ☐ Addition               |  |
| NAME<br>STREET ADDRESS                                  | LIEBOWITZ, NATHAN 315 CAMDEN N                         |                                 | CTREET ADDRESS I                  | DA BAGKE<br>YCAMDA                                 | + n/ A/                                       |                                   |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33417                              |                                 | CITY-ST-ZIP                       | BET PHAM.  | Beld. F/1 3                                   | 34/7                              |  |
| TITLE   | D  | Delete                          | TITLE                             | Amilla C   | DURISE  | Change Addition                   |  |
| NAME<br>STREET ADDRESS                                  | O'CALLAGHAN, NORA ANH<br>329 CAMDEN N                  |                                 | NAME<br>STREET ADDRESS 3          | 11. Comd   | QN N  |                                   |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33417                              |                                 | CITY-ST-ZIP                       | EST Polm   | Bc/s. F/, 3<br>DARIER<br>EN N<br>buh, F1 3341 | 17                                |  |
| TITLE   | PD   | ☐ Delete                        | 1                                 |  | <del></del>                                   | ☐ Change ☐ Addition               |  |
| NAME<br>STREET ADDRESS                                  | BLUESTEIN, ZELDA<br>312 CAMDEN N                       |                                 | NAME<br>STREET ADDRESS            |  |   |                                   |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33417                              |                                 | CITY-ST-ZIP                       |  |   |                                   |  |
| TITLE   | CONTAILE CARRIED                                       | Delete                          | TITLE                             |  |   | Change Addition                   |  |
| NAME STREET ADDRESS                                     | 316 GAMORIA  | •                               | name<br>Street address            |  |   |                                   |  |
|   |  |                                 | STREET PODISCOO                   |  |   |                                   |  |

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.

CITY-ST-ZIP

| SIGNATURE: ZEL DA   | BLUESTEIN                                      | 2-16-06 | 561-681-9704    |
|---------------------|--|---------|-----------------|
| SIGNATURE AND TYPED | OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # |