

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 19 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745553 (8)**

1. Corporation Name  
**NORTHWEST 45 STREET CLUB CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business      Mailing Address

**ATION INC.  
2501 NE 46 ST  
LIGHTHOUSE POINT FL 33064  
US**

**ATION INC.  
PO BOX 5875  
LIGHTHOUSE POINT FL 33074  
US**

21	2. Principal Place of Business	25	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country		Country

DO NOT WRITE IN THIS SPACE

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	01/12/1979		02/18/1994
4.	FEI Number	Applied For	
	59-2378016	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7.	Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SEITZ, CHARLES J.  
2501 NE 46 STREET  
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEITZ, CHARLES J.
STREET ADDRESS	2501 NE 46 STREET
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	VD
NAME	DAVIS, FRANK
STREET ADDRESS	1401-B N.W. 45TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 00000
TITLE	SD
NAME	HODGSON, DIANE
STREET ADDRESS	1441-B N.W. 45TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 00000
TITLE	TD
NAME	FRIES, MARI
STREET ADDRESS	1461-5 N.W. 45TH ST.
CITY-ST-ZIP	POMPANO BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	TITLE	
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	TITLE	
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1	TITLE	
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1	TITLE	
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1	TITLE	
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles J. Seitz* Pres. Charles J. Seitz      Date: 4/6/95      Daytona Phone #: 305-942-5474