

02251999-90029-001-\$61.25-\$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90029 001 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745553

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country	3. Date Incorporated or Qualified 01/12/1979	4. FEI Number 59-2378016	Applied For <input type="checkbox"/> Not Applicable
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 FL 85 Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEITZ, CHARLES J.		1.2 NAME	
STREET ADDRESS 2501 NE 46 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP LIGHTHOUSE POINT FL		1.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HODGSON, DIANE		2.2 NAME	
STREET ADDRESS 1441-6 N.W. 45TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH, FL 00000		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIES, MARI		3.2 NAME	
STREET ADDRESS 2860 SE 2ND ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH, FL 00000		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANA, PHILLIP		4.2 NAME	
STREET ADDRESS 1461 N.W. 45 ST., #7		4.3 STREET ADDRESS	
CITY-ST-ZIP Pompano Bch, FL 33064		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ DATE: **1/5/99** 954-942-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)