

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745553

FILED
Mar 19, 2009
Secretary of State

Entity Name: NORTHWEST 45 STREET CLUB CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

C/O SANDS HARBOR INC.
101 NORTH RIVERSIDE DRIVE, SUITE #205
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5875
LIGHTHOUSE POINT, FL 33074 US

New Mailing Address:

FEI Number: 59-2378016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEITZ, CHARLES J
2501 NE 46 STREET
LIGHTHOUSE POINT, FL 33064 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: SEITZ, CHARLES J
Address: 2501 NE 46 STREET
City-St-Zip: LIGHTHOUSE POINT, FL

Title: D () Delete
Name: STORMONT, SUZANNE
Address: 1441 NW 45 STREET, APT. 1
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: D () Delete
Name: GORDON, DANIEL
Address: 2351 NE 29 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: THOMAS, CLAIR
Address: 1421 NW 45 STREET, APT. 8
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: D () Delete
Name: KAYE, CARMEN
Address: 1461 NW 45 STREET, APT. 4
City-St-Zip: DEERFIELD BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: STORMONT, SUZANNE
Address: 6283 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33433

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 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: CHARLES J. SEITZ

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date