

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751718

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** NORTHLAKE HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

400 NORTHLAKE COURT  
UNIT #308  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TOUCHSTONE WEBB  
225 SOUTHERN BL #202  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

**FEI Number:** 59-2066349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALATA, KATHLEEN  
225 SOUTHERN BLVD STE 202  
WEST PALM BEACH, FL 33403 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: T ( ) Delete  
Name: GROSSO, CARLO  
Address: 400 NORTH LAKE CT. #304  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S ( ) Delete  
Name: STEBBINS, ED  
Address: 400 NORTHLAKE CT 207  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S ( ) Delete  
Name: BROOKS, CHARLES  
Address: 400 NORTH LAKE CT. #306  
City-St-Zip: NORTH PALM BEACH, FL 33408

**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:

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: KATHLEEN SALATA

PM

04/15/2009

Electronic Signature of Signing Officer or Director

Date