FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(5)

NORDVIND CONDOMINIUM ASSOCIATION, INC.										
Principal Place of Business			Mailing Address					931 91911 919]	eldii bibli (USI	
12700 GULF BLVD. TREASURE ISLAND FL 33706-5020 12700 GULF BLVD. TREASURE ISLAND FL 33706				33706-502	;- 502 0					
							3. Date Incorporated or Qualified 09/26/1983		ate of Last 04/17/1	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 59-2414403		_	Applied For	
21			26 Suite Ant # ots			39 24 14403			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required	
City & State			City & State				6. Election Campaign Financing			0 May Be
23			28	├─ ─ '			Trust Fund Contribution			d to Fees
Zip		Country	Zip		ountry		8. This corporation has liability for			s. 199.032,
24		25	29	30	1			Yes		
	9. Name	and Address of Cui	rrent Registered Agent		81	Name	10. Name and Address of New F	≠å:≥re∟eg	Agent	
HADER	DIOUADO S	.4								
HABER, RICHARD M. 1311 N. CHURCH AVENUE					82	Street Add	dress (P.O. Box Number is Not Accept	a ble)		
	FL 33607	7461406			83					
י אוווי אין	1 L 00007				84	City				p Code
						City		FL	•	
44 5									7 - L i	ian naminanan
11. Pursuant	to the provis	ions of Sections 617.	0502 and 617.1508, Florida State of Florida State	tatutes, the	above	named corpora	poration submits this statement for the	purpose o	r changing nointment s	its registered
office or r agent. I a	to the provis registered ac am familiar wi	ions of Sections 617. jent, or both, in the S th, and accept the ol	0502 and 617.1508, Florida S tate of Florida. Such change v bligations of, Section 617.0500	tatutes, the vas authori 3, Florida S	e above ized by Statutes	-named corpora the corpora	poration submits this statement for the ation's board of directors. I hereby acc	ept the app	oointment a	as registered
office or r agent. I a	am familiar wi	th, and accept the ol	bligations of, Section 617.0500	3, Florida S	statutes				oointment a	as registered
agent. I a SIGNATURE	am familiar wi	th, and accept the ol	bligations of, Section 617.0500 d agent and title if applicable.	(NOTE: Regisi	tered Age		poration submits this statement for the ation's board of directors. I hereby accurred when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
agent. I a	am familiar wi	th, and accept the ol	bligations of, Section 617.0500	(NOTE: Regist	statutes		uired when reinstating)	DATE		ORS IN 12
agent. I a SIGNATURE 12.	Signature, typed	or printed name of registered OFFICERS	digations of, Section 617.0503 diagent and title il applicable. AND DIRECTORS	(NOTE: Regist	tered Age		uired when reinstating)	DATE	D DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed PD ERIKSS	or printed name of registered OFFICERS	digations of, Section 617.0503 diagent and title il applicable. AND DIRECTORS	(NOTE: Regist	tered Ager 3. 1 TITLE	nt signatura requ	uired when reinstating)	DATE	D DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed PD ERIKSS0 12700 G	or printed name of registeres OFFICERS ON, EVA	d agent and tille il applicable. AND DIRECTORS DELETE	(NOTE: Registration 1	tered Ager 3. 1 TITLE 2 NAME	nt signatura requ	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	PD ERIKSSI 12700 G TREASU	or printed name of registerer OFFICERS ON, EVA AULF BLVD. RE ISLAND FL	digations of, Section 617.0503 diagent and title il applicable. AND DIRECTORS	(NOTE: Regist 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tered Ages 3. 1 TITLE 2 NAME 3 STREET	nt signatura requ	uired when reinstating)	DATE	D DIRECTO	ORS IN 12
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ERIKSSO 12700 G TREASU SD FAWCET	or printed name of registerer OFFICERS ON, EVA AULF BLVD. RE ISLAND FL IT, BRENDA	d agent and tille il applicable. AND DIRECTORS DELETE	(NOTE: Regist 1 1 1 1 1 1 2 2 2	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	PD ERIKSSO 12700 G TREASU SD FAWCE 5144 4T	or printed name of registerer OFFICERS ON, EVA AULF BLVD. RE ISLAND FL IT, BRENDA H AVE NORTH	d agent and tille il applicable. AND DIRECTORS DELETE	(NOTE: Registronal State of the Control of the Cont	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET	ADDRESS 1- ZIP ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD ERIKSSO 12700 G TREASU SD FAWCE 5144 4T ST PETE	or printed name of registerer OFFICERS ON, EVA AULF BLVD. RE ISLAND FL IT, BRENDA H AVE NORTH	d agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Regist 1	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S 5 NAME 4 CITY-S 4 CITY-S	ADDRESS 1- ZIP ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ERIKSSO 12700 G TREASU SD FAWCE 5144 4T ST PETE	or printed name of registerer OFFICERS ON, EVA BULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL	d agent and tille il applicable. AND DIRECTORS DELETE	(NOTE: Registrer) (NOTE: Registrer) 1. 1. 1. 2. 2. 2. 2. 3.	tered Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	ADDRESS 1- ZIP ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME	PD ERIKSSO 12700 G TREASU SD FAWCE 5144 4T ST PETE STD HLADIK,	or printed name of registerer OFFICERS ON, EVA BULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE	d agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registress) (NOTE: Registress) 1. 1. 1. 2. 2. 2. 2. 3. 3.	tered Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ADDRESS 1- ZIP ADDRESS T- ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
AGENTURE . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Regis) (NOTE: Regis) 1. 1. 1. 2. 2. 2. 3. 3. 3.	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET	ADDRESS T- ZIP ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA BULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE	d agent and title if applicable. AND DIRECTORS DELETE	(NOTE: Registres) (NOTE: Registres) 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 3. 3.	tered Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ADDRESS T- ZIP ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 B Addition C Addition
AGENTURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP CONTROL OF THE CONT	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and tille II applicable. AND DIRECTORS DELETE	(NOTE: Registration 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S	ADDRESS T- ZIP ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 B Addition C Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and tille II applicable. AND DIRECTORS DELETE	(NOTE: Regis) (NOTE: Regis) 1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4.	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE	ADDRESS 1- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 B Addition C Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and title II applicable. AND DIRECTORS DELETE DELETE	(NOTE: Registress) (NOTE: Registress) 1. 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4.	torod Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME	ADDRESS 1- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and tille II applicable. AND DIRECTORS DELETE	(NOTE: Registration 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 3 STREET	ADDRESS 1- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 e
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and title II applicable. AND DIRECTORS DELETE DELETE	(NOTE: Registration 1	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-SI 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S	ADDRESS 1- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP	uired when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 e
AGENTURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and title II applicable. AND DIRECTORS DELETE DELETE	(NOTE: Registration 1	tored Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S1 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 5 TAME 1 TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE	ADDRESS 1- ZIP ADDRESS ST- ZIP ADDRESS T- ZIP ADDRESS T- ZIP	uired when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 e
AGENTURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	DELETE DELETE DELETE	(NOTE: Registrate 1	TOTAL STREET A CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS 1- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 1- ZIP ADDRESS 4- ZIP	uired when reinstating)	DATE	D DIRECTO Change Change Change	ORS IN 12 e
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	d agent and title II applicable. AND DIRECTORS DELETE DELETE	(NOTE: Registrate 1	torad Ager 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	ADDRESS 1- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 1- ZIP ADDRESS 4- ZIP	uired when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 e
AGENTURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERIKSSO 12700 G TREASU SD FAWCEI STD HLADIK, 5224 SH	or printed name of registerer OFFICERS ON, EVA GULF BLVD. IRE ISLAND FL IT, BRENDA H AVE NORTH E FL GEORGE IERIDAN RD.	DELETE DELETE DELETE	(NOTE: Registrate 1	TOTAL STREET A CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS [- ZIP ADDRESS IT - ZIP ADDRESS IT - ZIP ADDRESS IT - ZIP ADDRESS T - ZIP ADDRESS T - ZIP	uired when reinstating)	DATE	D DIRECTO Change Change Change	ORS IN 12 e

14. I do 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. 2/1/24 212-212 7227

FILED

Feb 17 1997 8:00am

Secretary of State