## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

770431

(5)

1. Corporation Name							
NORDVIND CONDOMINIUM ASSOCIATION, INC.							
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Principal Place of Business Mailing Address							
12700 GULF BLVD. 12700 GULF BLVD.						3. Date Incorporated or Qualified	
TREASURE ISLAND FL 33706-5020 TREASURE ISLAND FL 33706-5020							09/26/1983
l							4. FEI Number Applied For
							<b>59-2414403</b> Not Applicable
2. Principal Place of Business 26. Mailing Address							5. Certificate of Status Desired S8.75 Additional
21				26			Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	a		27	City & State			Trust Fund Contribution
23 28							Yes No
Zip	Zip Country			Zip Cour		у	8. This corporation owes or has paid the current year Intangible
24 26			29				Personal Property Tax due June 30. 🗹 Yes 🔲 No
*	9. Name	and Address of Cui	rent Regis	tered Agent		Titleme	10. Name and Address of New Registered Agent
					81	Name	
HABER, RICHARD M. 1311 N. CHURCH AVENUE					82	Street Ac	Address (P.O. Box Number is Not Acceptable)
					83		
TAMPA FL 33607					0.5		
					84	City	FL 85 Zip Code
11. Pursuant I	to the provis	ions of Sections 617.	0502 and 6	17.1508, Florida Statul	tes, the abov	e-named co	corporation submits this statement for the purpose of changing its registered
agent. I a	egistered aç m familiar w	tent, or both, in the Si th, and accept the of	ate of Floric digetions of	i, Section 617.0503, Fl	orida Statute	y tne corpo is.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable. (NOT				E: Registered Ac	ent signature re	required when reinstaling)  DATE  ADDITIONS (CLIANCES TO CEELCERS AND DIRECTORS IN 10
12.	PD	OFFICERS	AND DIREC	ND DIRECTORS DELETE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		ON EVA		Otten	1.1 TITLE 1.2 NAME		- Cumbs [ ] Focusion
STREET ADDRESS	ERIKSSON, EVA ss 12700 GULF BLVD.				1.3 STREET ADDRESS		
CITY-ST-ZIP	PRESOURE IN AND W			1.4 CITY-ST-ZIP			
TITLE	SD	, <u>, , , , , , , , , , , , , , , , , , </u>		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FAWCETT, BRENDA				2.2 NAME		
STREET ADDRESS	0.444 4744 4174 44657			2.3 STREET ADDRESS		T ADDRESS	
CITY-ST-ZIP	AT BATE PL			2.4 CITY-ST-ZIP		ST-ZIP	
TITLE	STD			☐ DELETE 3.1 T			Change Addition
NAME	HLADIK, GEORGE			3.2 NAME			
STREET ADDRESS				3.3 STRE		1 ADDRESS	
CITY-ST-ZIP	P TAMPA FL 33611			3.4. CITY-ST-ZIP		ST-ZIP	
TITLE				☐ DELETE	4.1 TITLE		Change ( Addition
NAME					4. 2 NAME		
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CITY-ST-ZIP				DELETE	4.4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE				□ vectite	5.1 TITLE 5.2 NAME		Change   Notition
NAME					1	1	
STREET ADDRESS						T ADDRESS	
CITY-ST-ZIP TITLE		<del></del>		☐ DELETE	5.4 CITY- 6.1 TITLE	31-217	Change Addition
NAME					6.2 NAME		
DZDCET ADDOCCO						7 4000000	

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 eath; 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:

unda fawcett Brenda Fawcett

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**FILED** 

Mar 24 1998 8:00am

Secretary of State

813-360-7037