2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 07, 2005 8:00 am **Secretary of State DOCUMENT #770431** 02-07-2005 90096 010 ****61.25 NORDVIND CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 12700 GULF BLVD. 12700 GULF BLVD. 50011441 TREASURE ISLAND, FL 33706-5020 TREASURE ISLAND, FL 33706-5020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-2414403 City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HABER, RICHARD M. 1311 N. CHURCH AVENUE Street Address (P.O. Box Number is Not Acceptable) **TAMPA, FL 33607** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Change Addition walker, Stephen ERIKSSON, EVA NAME NAME 12700 Gulf Blvd 12700 GULF BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND, FL. CITY-ST-ZIP Treasure Island, FL 33706 Cal Delete TITLE VD ☐ Channe ☑ Addition Lazier Patricia 5200 28+11 St. N. #409 FAWCETT, BRENDA NAME NAME STREET ADDRESS 5144 4TH AVE NORTH STREET ADDRESS CITY-ST-ZIP ST PETE, FL CITY-ST-ZIP St Petersburg FL 33714 TM.F ☑ Delete TILE ☐ Change Addition LAZIER, PATRICIA Foucett, Brenda NAME NAME 5144 4th AUCN STREET ADDRESS 5200 28TH ST. N. #409 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33714 CITY-ST-ZIP St Pekrsburg FL .337.lo. TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta me ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change ☐ Addition

FILED

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY - ST - 71P

NAME

STREET ADDRESS

SIGNATURE:	Frent well	Stephen	Walker	2/2/05	727-367-27	788
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daysma Phone #	