

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770431

FILED
Jan 05, 2006
Secretary of State

Entity Name: NORDVIND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12700 GULF BLVD.
TREASURE ISLAND, FL 337065020

New Principal Place of Business:

Current Mailing Address:

12700 GULF BLVD.
TREASURE ISLAND, FL 337065020

New Mailing Address:

FEI Number: 59-2414403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, RICHARD M.
1311 N. CHURCH AVENUE
TAMPA, FL 33607 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: WALKER, STEPHEN
Address: 12700 GULF BLVD
City-St-Zip: TREASURE, FL 33706

Title: VD () Delete
Name: LAZIER, PATRICIA
Address: 5200 28TH ST N #409
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: STD () Delete
Name: FAUCETT, BRENDA
Address: 5144 4TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: FAWCETT, BRENDA
Address: 5144 4TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE WALKER

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date