



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90062 017 ****61.25

DOCUMENT # N00742 1. Entity Name NORTHERN CHAMBER OF COMMERCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1983 PGA BLVD. SUITES 101 THRU 106 PALM BEACH GARDENS, FL 33410 US				Mailing Address P O BOX 4283 TEQUESTA, FL 33469	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7487 Suite, Apt. #, etc.			
City & State Jupiter FL		City & State Jupiter FL		4. FEI Number 59-2348457	
Zip 33468		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYCE, RAYMOND W. 4400 PGA BLVD SUITE 800 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Carol Sienk Street Address (P.O. Box Number is Not Acceptable) 504 Royal Palm Beach Blvd City Royal Palm Beach FL Zip Code 33411	
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 <u><i>Sami D. Sehayik</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-4-2005 <small>(NOTE: Registered Agent Signature Required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEHAYIK, SAMI D. 1983 PGA BLVD, STE 105 PALM BEACH GARDENS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEHAYIK, RONI M. 1983 PGA BLVD STE 103 PALM BCH GARDENS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHELINE, JOANN 1983 PGA BLVD, STE 104 PALM BEACH GARDENS, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 information.					
SIGNATURE: <u><i>Sami D. Sehayik</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/4/05 <small>Daytime Phone #</small>	