

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90198 002 ****61.25

DOCUMENT # N01000002516

1. Entity Name
**ALTAMIRA AT NORTH HUTCHINSON ISLAND
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
1401 HIGHWAY A1A SUITE 203
VERO BEACH, FL 32963

Mailing Address
1401 HIGHWAY A1A SUITE 203
VERO BEACH, FL 32963

40086043



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1095043

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, CRAIG
% ELLIOTT MERRILL MANAGEMENT
835 20TH PLACE
VERO BEACH, FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing:
Trust Fund Contribution. ☐

\$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 **P** ☐ Delete
NAME **MUELLER, JAMES**
STREET ADDRESS **4330 NORTH A1A #801**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Change ☒ Addition
NAME **Byron, Byron**
STREET ADDRESS **4330 N A1A #902**
CITY-ST-ZIP **FT Pierce, FL 34949**

TITLE **VPT** ☐ Delete
NAME **SHEPARD, LINDA**
STREET ADDRESS **4310 NORTH A1A, #901**
CITY-ST-ZIP **FT PIERCE, FL 34995**

TITLE ☐ Change ☒ Addition
NAME **Cicilian, William**
STREET ADDRESS **4330 N A1A #701**
CITY-ST-ZIP **FT Pierce, FL 34949**

TITLE **S** ☐ Delete
NAME **RAFFEL, WILLIAM**
STREET ADDRESS **4310 NORTH A1A #801**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

James Mueller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 2007

Date

Daytime Phone #