


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000004763</b> 1. Entity Name <b>NORTHERNAIRE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>320 - 10TH AVENUE N.E. APT. 1 ST. PETERSBURG, FL 33701</b>	Mailing Address <b>C/O KAREN SCHINDLER W 6574 WOODHAVEN CIR WAUTOMA, WI 54982</b>
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01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>56-2374842</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HOFSTRA, PETER T 8640 SEMINOLE BLVD. SEMINOLE, FL 33772</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHINDLER, GARY E
STREET ADDRESS	W 6574 WOODHAVEN CIRCLE
CITY-ST-ZIP	WAUTOMA, WI 54982
TITLE	VD
NAME	SCHINDLER, MARK A
STREET ADDRESS	RT 1 BOX 1145
CITY-ST-ZIP	TOCCOA, GA 30577
TITLE	STD
NAME	SCHINDLER, KAREN
STREET ADDRESS	W 6574 WOODHAVEN CIRCLE
CITY-ST-ZIP	WAUTOMA, WI 54982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80007-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Gary Schindler **Gary Schindler** 1-10-06 (920) 787-4257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #