

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90015 004 \*\*\*\*61.25

**DOCUMENT # N03000004763**

1. Entity Name

NORTHERNAIRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

320 - 10TH AVENUE N.E.  
APT. 1  
ST. PETERSBURG FL 33701

Mailing Address

C/O KAREN SCHINDLER  
W 6574 WOODHAVEN CIR  
WAUTOMA WI 54982



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

3. Mailing Address

320 10th Ave NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 2

City & State

City & State

St Petersburg FL

Zip

Country

Zip

33701

Country

Florida

1st MOORE

CR2E037 (10/06)

4. FEI Number

56-2374842

Applied For

Not Applicable

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

HOFSTRA, PETER T  
8640 SEMINOLE BLVD.  
SEMINOLE FL 33772

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

**FILE NOW: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHINDLER, GARY E	
STREET ADDRESS	W 6574 WOODHAVEN CIRCLE	
CITY - ST - ZIP	WAUTOMA WI 54982	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHINDLER, MARK A	
STREET ADDRESS	RT 1 BOX 1145	
CITY - ST - ZIP	TOCCOA GA 30577	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHINDLER, KAREN	
STREET ADDRESS	W 6574 WOODHAVEN CIRCLE	
CITY - ST - ZIP	WAUTOMA WI 54982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	320 10th Ave NE Apt 2
CITY - ST - ZIP	St Petersburg FL 33701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	320 10th Ave NE Apt 2
CITY - ST - ZIP	St Petersburg FL 33701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 E Schindler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary E Schindler 2-27-07 (727) 822-7589