

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004763

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** NORTHERNAIRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

320 - 10TH AVENUE N.E.  
APT. 4  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

320 - 10TH AVENUE N.E.  
APT. 4  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 56-2374842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFSTRA, PETER T  
8640 SEMINOLE BLVD.  
SEMINOLE, FL 33772 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  
**Name:** SCHINDLER, GARY E  
**Address:** 320 10TH AVE NE APT #4  
**City-St-Zip:** SAINT PETERSBURG, FL 33701

**Title:** VD  
**Name:** SCHINDLER, MARK A  
**Address:** 116 DOOLEY DR.  
**City-St-Zip:** TOCCOA, GA 30577

**Title:** STD  
**Name:** SCHINDLER, KAREN  
**Address:** 320 10TH AVE NE APT# 4  
**City-St-Zip:** SAINT PETERSBURG, FL 33701

I hereby 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 all other like empowered.

**SIGNATURE:** GARY SCHINDLER

PRES

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date