## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001366

FILED Feb 23, 2009 Secretary of State

Entity Name: NORTHERN STAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1065 97TH STREET APT 2 A

BAY HARBOR ISLANDS, FL 33154

Current Mailing Address: New Mailing Address:

P.O. BOX 8290 C/O UNIFIED PROPERTY SERVICES CORAL SPRINGS, FL 33065

FEI Number: 20-3060418 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324 US

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:

- Flateria Circulus d'Arad

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition Name: LOGDBERG, PONTUS Name: LOGDBERG, ERIK O

Address: 9745 BAY HARBOR TERRACE APT 26
City-St-Zip: BAY HARBOR ISLANDS, FL 33154
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: VP () Delete Title: VP (X) Change () Addition

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: ROTZINGER, PIERRE Name: PANIAGUA, BARBARA Address: 1065 97TH ST APT 6A

City-St-Zip: MIAMI BEACH, FL 33155 Address: 1003 97 H 31 AF1 0A City-St-Zip: BAY HARBOR ISLES, FL 33154

Title: SEC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LIEB, HEIDI
 Name:

 Address:
 1065-97TH STREET APT 4-A
 Address:

 City-St-Zip:
 BAY HARBOR ISLANDS, FL 33154
 City-St-Zip:

Title: TRES ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BAGDADI, DINO
 Name:

 Address:
 1065 97TH STREET APT 2A
 Address:

 City-St-Zip:
 BAY HARBOR ISLANDS, FL 33154
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERIK O LOGDBERG PRES 02/23/2009