

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-28-2006 90109 031 *****61.25
N05000002421

FILED

06 MAY -5 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000002421

1. Entity Name
NORTH PALM HARBOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5201 VILLAGE BLVD.
W. PALM BCH, FL 33407**

Mailing Address
**5201 VILLAGE BLVD.
W. PALM BCH, FL 33407**

2. Principal Place of Business 416 NORTHLAKE CT		3. Mailing Address 416 NORTHLAKE CT	
Suite, Apt. #, etc. Box # 4		Suite, Apt. #, etc. Box # 4	
City & State NORTH PALM BEACH FL		City & State NORTH PALM BEACH FL	
Zip 33408	Country USA	Zip 33408	Country USA

4. FEI Number 06-1149092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEEDLE, ROBERT
5201 VILLAGE BLVD.
W. PALM BCH, FL 33407**

7. Name and Address of New Registered Agent

Name
ROBERTSON, LORRAINE

Street Address (P.O. Box Number is Not Acceptable)
416 NORTHLAKE COURT UNIT # 11

NORTH PALM BEACH,

City
FL Zip Code
33408

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 *Lorraine Robertson* (NOTE: Registered Agent signature required when reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NEEDLE, ROBERT		NAME ROBERTSON, LORRAINE	
STREET ADDRESS 5201 VILLAGE BLVD.		STREET ADDRESS 416 NORTHLAKE CT UNIT #11	
CITY-ST-ZIP W. PALM BCH, FL 33407		CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMILTON, HARRY		NAME MICHAEL SULLIVAN	
STREET ADDRESS 5201 VILLAGE BLVD.		STREET ADDRESS 416 NORTHLAKE CT UNIT #12	
CITY-ST-ZIP W. PALM BCH, FL 33407		CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE STD	<input checked="" type="checkbox"/> Delete	TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARSENAULT, GERRY		NAME CAROL ANNE CROKE	
STREET ADDRESS 5201 VILLAGE BLVD.		STREET ADDRESS 420 NORTHLAKE CT UNIT #3	
CITY-ST-ZIP W. PALM BCH, FL 33407		CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

B 5/12/08

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: *Carol Anne Croke* Sec/Treas. 561-627-4492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



05/12/2006 07:45 5617485890

PAGE 01

page 2 of 2

ATTN: TYRONE SCOTT FAX: 850-245-6017

**NORTH PALM HARBOR CONDOMINIUM
ASSOCIATION**

416 -420 Northlake Court
North Palm Beach, FL 33408

To Whom it may concern:

The FEI number for the above corporation is 06-1749082. Please correct your records showing the current officers as shown on the document # N05000002421. Our mailing address is shown as: and all future correspondence should be sent to that address. I thank you for your attention to this important matter.

Sincerely,

Carol Anne Croke

Carol Anne Croke
Secretary-Treasurer