

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002421

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



Principal Place of Business

**416 NORTHLAKE CT
BOX #4
NORTH PALM BEACH, FL 33408 US**

Mailing Address

**416 NORTHLAKE CT
BOX #4
NORTH PALM BEACH, FL 33408 US**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1749082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTSON, LORRAINE
416 NORTHLAKE CT, UNIT #11
NORTH PALM BEACH, FL 33408**

**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

Lorraine Robertson
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERTSON, LORRAINE
STREET ADDRESS 416 NORTHLAKE CT UNIT #11
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VD
NAME SULLIVAN, MICHAEL
STREET ADDRESS 416 NORTHLAKE CT UNIT #12
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE STD
NAME CROKE, CAROL A
STREET ADDRESS 416 NORTHLAKE CT UNIT #3
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000591260
01/19/07-80015-013 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:

Carol A. Croke, Sec/Treas. 1-8-7 561-627-4492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #