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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14971

1. Corporation Name

NORTHSTAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O R & F MANAGEMENT ASSOCIATES, INC.
265 AIRPORT RD. SO.
NAPLES FL 33942

Mailing Address

C/O R & F MANAGEMENT ASSOCIATES, INC.
265 AIRPORT RD. SO.
NAPLES FL 33942



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34104 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34104 30 Country

3. Date Incorporated or Qualified

05/19/1986

4. FEI Number

59-2771453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

R & P MANAGEMENT ASSOC
265 AIRPORT RD SOUTH
265 AIRPORT ROAD SO.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code 34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS CARR, DANIEL
CITY-ST-ZIP 3722 HALDEMAN CREEK DR
NAPLES FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS DERENNE, MICHAEL
CITY-ST-ZIP 3682 HALDERMAN CREEK DR
NAPLES FL 33962

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MACPHERSON, BRUCE
CITY-ST-ZIP 3702 HALDEMAN CREEK DR
NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

941-643-3533

Daytime Phone #

CR2E037 (11/98)