

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14971

FILED
Apr 19, 2004
Secretary of State

Entity Name: NORTHSTAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUNBURST MGMT.
PO BOX 110339
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

C/O SUNBURST MGMT.
PO BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-2771453 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT.
4306 ARNOLD AVE.
NAPLES, FL 34104 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: SD () Delete
Name: WESTLAND, YVONNE
Address: 3762 HALDEMAN CREEK DR
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: MCCARTHY, EDMUND
Address: 3760 HALDEMAN CREEK DRIVE
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: BONADIES, BRUCE
Address: 3700 HAIDEMAN DR.
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CARR, DAN
Address: 3722 HALDEMAN CREEK DR
City-St-Zip: NAPLES, FL 34112

Title: DVP (X) Change () Addition
Name: MACPHERSON, BRUCE
Address: 3702 HALDEMAN CREEK DRIVE
City-St-Zip: NAPLES, FL 34112

Title: DST (X) Change () Addition
Name: BONADIES, BRUCE
Address: 3700 HAIDEMAN DR.
City-St-Zip: NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAN CARR

DP

04/19/2004

Electronic Signature of Signing Officer or Director

Date