2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N14971

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:

3722 HALDEMAN CREEK
NAPLES, FL 34112 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 232
MARCO ISLAND, FL 34146 US

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:

PATAS, TOM
267 N. COLLIER BLVD.
STE #201
MARCO ISLAND, FL 34145 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: TOM PATAS 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/29/2005
Electronic Signature of Signing Officer or Director Date