2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

DOCUMENT # N30916

1. Entity Name

OFFICES AT NORTHSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3142 NORTHSIDE DRIVE, STE 201 KEY WEST, FL 33040 US 3142 NORTHSIDE DRIVE, STE 201 KEY WEST, FL 33040 US



DO NOT WRITE IN THIS SPACE

04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For S5-0202323 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARDLOW, KENNETH D 3142 NORTHSIDE DRIVE SUITE 201 KEY WEST, FL 33040

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

		!			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered c	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financin Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS .			ALLEGAN STOPP TO THE STOPP TO T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARROUR, JUAN M 3136 NORTHSIDE DRIVE KEY WEST, FL 33040				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP HILDEBRANDT, FRED 3152 NORTHSIDE DRIVE KEY WEST, FL 33040				U00000748312 05/17/07-80062-009 61.25
TITLE NAME STREET ADDRESS CITY: ST-ZIP	S ZIRILLI, SUE 3154 NORTHSIDE DRIVE KEY WEST, FL 33040			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARDLOW, KENNETH 3142 NORTHSIDE DRIVE KEY WEST, FL			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, MARK 3136 NORTHSIDE DRIVE KEY WEST, FL 33040				
TITLE NAME	•	• •			

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 pure like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

305 292 9328

Daytime Phone #