

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36426 (7)
1. Corporation Name
NORTHERN LIGHT'S CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **JACQUELINE A. NORDELL, 3301 TAYLOR RD., PUNTA GORDA FL 33950**

Mailing Address: **GASPAR LAFATA, 6 BIRCH GROVE HEIGHTS, GLOUCESTER MA 01930**

3. Date Incorporated or Qualified: **02/01/1990**

4. FEI Number: **58-1879853**

Applied For: Not Applicable

2. Principal Place of Business: **21**

2a. Mailing Address: **26** *Richard BAPTISTA*

Suite, Apt. #, etc.: **22** *12 DOANNE RD*

City & State: **23** *GLOUCESTER MA.*

Zip: **24** *01930* Country: **25** *U.S.A.*

6. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**NORDELL, JACQUELINE A
3301 TAYLOR RD.
PUNTA GORDA FL 33950**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S.T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFATA, FRANCIS	1.2 NAME	RICHARD A. BAPTISTA
STREET ADDRESS	6 BIRCH GROVE HEIGHTS	1.3 STREET ADDRESS	12 DOANNE RD
CITY-ST-ZIP	GLOUCESTER MA 01930	1.4 CITY-ST-ZIP	GLOUCESTER MA 01930
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFATA, GASPAR	2.2 NAME	CAL GRIMES <i>N/A.</i>
STREET ADDRESS	6 BIRCH GROVE HEIGHTS	2.3 STREET ADDRESS	P.O. BOX 94
CITY-ST-ZIP	GLOUCESTER MA 01930	2.4 CITY-ST-ZIP	ESSEX MA 01929
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPTISTA, RICHARD	3.2 NAME	GASPAR LAFATA
STREET ADDRESS	12 DOANNE RD.	3.3 STREET ADDRESS	6 BIRCH GROVE HTS
CITY-ST-ZIP	GLOUCESTER MA 01922	3.4 CITY-ST-ZIP	GLOUCESTER MA 01930
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

25
5.15

DEP. \$61.25

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard A. Baptista* **Richard A. BAPTISTA** *4/19/98* **978-263-1873**

CR2E037 (10/97)