

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90013 013 ****61.25

DOCUMENT # N36426

1. Entity Name

NORTHERN LIGHT'S CONDOMINIUM ASSOCIATION, INC.

R

Principal Place of Business

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

Mailing Address

RICHARD BAPTISTA
 12 DONNE RD.
 GLOUCESTER MA 01930
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1879853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
 NAME **BAPTISTA, RICHARD A**
 STREET ADDRESS **12 DONNE RD.**
 CITY-ST-ZIP **GLOUCESTER MA 01930**

TITLE **PD** ☐ Delete
 NAME **GRIMES, CAL**
 STREET ADDRESS **P.O. BOX 94 N/A**
 CITY-ST-ZIP **ESSEX MA 01929**

TITLE **VD** ☐ Delete
 NAME **LAFATA, GASPAR**
 STREET ADDRESS **6 BIRCH GROVE HGTS.**
 CITY-ST-ZIP **GLOUCESTER MA 01930**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. 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 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 other like empowered.

SIGNATURE:

Richard A. Baptista **RICHARD A. BAPTISTA** *8/9/00* **1-978-283-1273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)