

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90013 003 ****61.25

DOCUMENT # N36426

1. Entity Name

NORTHERN LIGHT'S CONDOMINIUM ASSOCIATION, INC.

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

A0082748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Century 21 Almar & Assoc
 Suite, Apt. #, etc. Suite
 1190 W. Marion Ave. 115

3. Mailing Address

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

City & State

Zip

Country

Zip

Country

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 Alex Hughes Jr.

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

1190 W. Marion Ave Suite 115

City

Punta Gorda

FL

Zip Code

33950

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

7-26-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BAPTISTA, RICHARD A 12 DONNE RD. GLOUCESTER MA 01930 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRIMES, CAL P.O. BOX 94 N/A ESSEX MA 01929 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LAFATA, GASPAR 6 BIRCH GROVE HGTS. GLOUCESTER MA 01930 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.D SHERM SPURR P.O. BOX 7446 CAPE PORPOISE ME 04014 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | R.D. LAFATA GASPAR 6 BIRCH GROVE HGTS GLOUCESTER MA 01930 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Baptista 8/19/01 1-978-283-1273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)