


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90368 008 ****61.25

DOCUMENT # N36426			
1. Entity Name NORTHERN LIGHT'S CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CENTURY 21 ALMAR & ASSOC 1190 W MARION AVE SUITE 115 PUNTA GORDA FL 33950		Mailing Address RICHARD BAPTISTA 30 A CHERRY ST GLOUCESTER MA 01930 US	
2. Principal Place of Business		3. Mailing Address JO ANN M. JOY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1424 MEDITERRANEAN DR #112	
City & State		City & State PUNTA GORDA FL.	
Zip	Country	Zip	Country
33950	USA	33950	USA



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent HUGHES, JR, ALEX 1190 W MARIAN AVE SUITE 115 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE STD <input checked="" type="checkbox"/> Delete	NAME BAPTISTA, RICHARD	TITLE S.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JO ANN M. JOY
STREET ADDRESS 30 A CHERRY ST	CITY-ST-ZIP GLOUCESTER MA 01930	STREET ADDRESS 1424 MEDITERRANEAN DR #112	CITY-ST-ZIP PUNTA GORDA FL 33950
TITLE VD <input type="checkbox"/> Delete	NAME ORLANDO, JOSEPH	TITLE	NAME
STREET ADDRESS 1 WESTERN AVE	CITY-ST-ZIP GLOUCESTER MA 01930	STREET ADDRESS	CITY-ST-ZIP
TITLE PD <input checked="" type="checkbox"/> Delete	NAME LAFATA, GASPAR	TITLE P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CHARLES JOY
STREET ADDRESS 6A BIRCH GROVE HIGHTS	CITY-ST-ZIP GLOUCESTER MA 01930	STREET ADDRESS 1424 MEDITERRANEAN DR #112	CITY-ST-ZIP PUNTA GORDA FL 33950
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE: Jo Ann M. Joy **JO ANN M. JOY** 4/10/06 941-575-9189