

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90235 019 ****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

**JO ANN M. JOY
1424 MEDITERRANEAN DR #112
PUNTA GORDA, FL 33950 US**



01142007 No Chg-NP

CR2E037 (4/06)

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

**HUGHES, JR, ALEX
1190 W MARIAN AVE
SUITE 115
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE	ST
NAME	JOY, JOANN M
STREET ADDRESS	1424 MEDITERRANEAN DR #112
CITY-STATE-ZIP	PUNTA GORDA, FL 33950
TITLE	PD
NAME	ORLANDO, JOSEPH
STREET ADDRESS	1 WESTERN AVE
CITY-STATE-ZIP	GLOUCESTER, MA 01930
TITLE	PD
NAME	JOY, CHARLES
STREET ADDRESS	1424 MEDITERRANEAN DR #112
CITY-STATE-ZIP	PUNTA GORDA, FL 33950
TITLE	ST
NAME	ORLANDO, CONSTANCE
STREET ADDRESS	1 WESTERN AVENUE
CITY-STATE-ZIP	GLOUCESTER, MA 01930
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE:

Jo Ann M. Joy, Secy/Treas.

4/4/07

Date

Daytime Phone #