


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 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 JO ANN M. JOY 1424 MEDITERRANEAN DR #112 PUNTA GORDA FL 33950 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1 Western Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State GLOUCESTER, MA	
Zip	Country	Zip	Country
01930		USA	
4. FEI Number 58-1879853		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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		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 reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 15, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ORLANDO, CONSTANCE 1 WESTERN AVE GLOUCESTER MA 01930 <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	PD ORLANDO, JOSEPH 1 WESTERN AVE GLOUCESTER MA 01930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

978-283-8100

Daytime Phone #