FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90052 008 ****61.25

DOCUMENT # N9300003395

1. Corporation	Name	000030						
•	N DRIVE WAREHOUSE COM	NDOMINIUM ASSOCIATI	ON,	Ì				
Principal Place	e of Business	Mailing Address						
18350 PAULSON DR PT CHARLOTTE FL 33948 US		24166 YACHT CLUB BLVD PUNTA GORDA FL 33950 US						
Principal Place of Business					Date Incorporated or Qualifed		_	
2. Principal Place of Business		26. Maining Address		07/26/1993				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	↓		4. FEI Number			ied For
22		27		65-0449566	Not Applicable			
City & State		City & State	City & State		5. Certifcate of Status Desired \$8.75 Additional Fee Required			
Zip Country		Zip Country			6. Election Campaign Financing \$5.00 May Be			
24	25 29 30		o		Trust Fund Contribution Added to Fees			Fees
	9. Name and Address of Current	t Registered Agent		ame	10. Name and Address of New R	egistered Agent	_	
81								
GROSSMAN, CATHIE			82 S	treet Addres	ess (P.O. Box Number is Not Acceptable)			
24166 YACHT CLUB BLVD			83					
PUNTA GORDA FL 33955			84 C	City		85	Zip Co	ode
				•			-	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agen	and title if apolicable. (NOTE: Re	egistered Agent sig	nature required v	·	DATE		\
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTOR	
TITLE	PD	☐ DELETE	1,1 TITLE			□ CI	ange	Addition
NAME	GROSSMAN, CATHIE		12 NAME					
STREET ADDRESS	ETIOU INCIII CEGO DETO.		1.3 STREET ADD	DRESS				1
CITY-ST-ZIP			1.4 CITY-ST-ZIF	-		ПС		Addition
TITLE	DS	☐ DELETE	2.1 TITLE				lariyo	
NAME	WOLLI, DIANE		2.2 NAME					1
STREET ADDRESS	2010 OADARET OT		2.3 STREET ADD]
C!TY-ST-ZIP	THOUGHT ETE GOSTO		2. 4 CITY-ST-ZI	P			ange	Addition
NAME	DTV Wolff, Darlene		3.2 NAME					1
STREET ADDRESS	A		3,3 STREET ADS	ORESS				
CITY-ST-ZIP			3.4. C/TY-ST+Z	P	<u></u>			
TITLE		☐ DELETE 4.1 T				□c	hange	Addition
NAME			4.2 NAME	•				
STREET ADDRESS			4.3 STREET ADI	DRESS				1
CITY-ST-ZIP		[] nevere	4.4 CITY-ST-ZII	Р		ПС	hange	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			ПС	riange	[_] Addition
NAME			5.3 STREET ADI	DRESS				
STREET ADDRESS			5.4 CITY-ST-ZII	1				ŀ
TITLE			6.1 TITLE				hange	Addition
NAME		<u></u>	6.2 NAME					j
STREET ADDRESS			6.3 STREET AD	DRESS				1
CITY-ST-ZIP			6.4 CITY-ST-ZII	P				

In 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SHATURE AND TYPED OF PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR

2/12/99

Daytime Phone #

R2E037 (11/98)