


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90096 040 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P00000042251</b><br>1. Entity Name<br><b>NORTHSTAR CAPITAL MANAGEMENT, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>3801 PGA BOULEVARD<br/>SUITE 904, ATTN: KAREN REEVES<br/>PALM BEACH GARDENS, FL 33410 US</b>  |  |   | Mailing Address<br><b>3801 PGA BOULEVARD<br/>SUITE 904, ATTN: KAREN REEVES<br/>PALM BEACH GARDENS, FL 33410 US</b>                   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                           |  |   |  |
| 4. FEI Number<br><b>65-1002630</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | 02072007      Chg-P      CR2E034 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COOKE, BRIAN J ESQ.<br/>C/O ARNSTEIN &amp; LEHR<br/>515 NORTH FLAGLER DR., STE. 600<br/>WEST PALM BEACH, FL 33401</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C</b><br><b>MERGLER, H. KENT</b><br><b>3980 S.E. OLD ST. LUCIE BLVD.</b><br><b>STUART, FL 34996</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VTD</b><br><b>JACOBSEN, ROBERT</b><br><b>19559 TRAILS END TERRACE</b><br><b>JUPITER, FL 33458</b>   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>MERGLER, STEPHEN</b><br><b>955 ALLAMANDA DRIVE</b><br><b>DELRAY BEACH, FL 33483</b>    | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VD</b><br><b>ROGERS, MEG</b><br><b>7701 TURNBERRY LANE</b><br><b>STANLEY, NC 28164</b>              | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VD</b><br><b>VAN BEUREN, PETER</b><br><b>17036 TRAVERSE CIRCLE</b><br><b>JUPITER, FL 33477</b>      | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>MCPHARLIN, JASON</b><br><b>108 ANDALUSIA WAY</b><br><b>PALM BEACH GARDENS, FL 33418</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>6306 SE Oakmont Place</b><br><b>Stuart FL 34997</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>5473 SE Inlet Place</b><br><b>Stuart FL 34997</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| 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 607, 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | <b>2.08.2007</b> <b>561.775.5880</b><br>Date      Daytime Phone #  |   |  |