

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090766

1. Corporation Name

NORTHERN DEVELOPMENT ASSOCIATES, INC.

Principal Place of Business

6450 E JR. COLLEGE RD
KEY WEST FL 33040

Mailing Address

P O BOX 628
VENICE CA 90294
US

FILED

99 JUN 16 PM 12:48

SECRETARY OF STATE
DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1994

4. FEI Number

65-0550863

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3007 WASHINGTON BLVD.

Suite, Apt. #, etc.

22 225

City & State

23 MARINA DEL REY, CA

Zip

24 90292

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ALLISON, JOHN R III
100 S.E. SECOND STREET
SUITE 3350
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPS

☐ DELETE

NAME

DISTEFANO, LISA

STREET ADDRESS

6450 E JR. COLLEGE RD

CITY-ST-ZIP

KEY WEST FL 33040

TITLE

CFO

☐ DELETE

NAME

KUNDU, MICHAEL

STREET ADDRESS

6450 E JR. COLLEGE RD

CITY-ST-ZIP

KEY WEST FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR, PRESIDENT, SECRETARY ☒ Change ☐ Addition

1.2 NAME

DISTEFANO, LISA

1.3 STREET ADDRESS

3007 WASHINGTON BLVD # 225

1.4 CITY-ST-ZIP

MARINA DEL REY, CA 90292

2.1 TITLE

CFO

☒ Change ☐ Addition

2.2 NAME

KURT LIEBER

2.3 STREET ADDRESS

8812 ANCHORAGE DR.

2.4 CITY-ST-ZIP

HUNTINGTON BCH CA 92646

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

400002912394--6

3.4 CITY-ST-ZIP

-06/22/99--01035--016

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SP

14. I 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 607, 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:

Lisa Distefano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1999 (312) 301-7525