

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745553

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC5450189984**

**Entity Name:** NORTHWEST 45 STREET CLUB CONDOMINIUM ASSOCIATION  
INC.

**Current Principal Place of Business:**

C/O SANDS HARBOR INC.  
101 NORTH RIVERSIDE DRIVE, SUITE #205  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

P. O. BOX 5875  
LIGHTHOUSE POINT, FL 33074 US

**FEI Number: 59-2378016**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEITZ, CHARLES J  
101 NORTH RIVERSIDE DRIVE  
SUITE 205  
POMPANO BEACH, FL 33062 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SEITZ, CHARLES J  
Address 1 NORTH OCEAN BLVD  
UNIT #504  
City-State-Zip: POMPAN0 BEACH FL 33062

Title D  
Name THOMAS, CLAIRE  
Address 1421 NW 45 STREET, APT. 8  
City-State-Zip: DEERFIELD BEACH FL 33064

Title D  
Name CULLETON, LYNN  
Address 1461 NW 45 ST, APT. 3  
City-State-Zip: DEERFIELD BEACH FL 33064

Title D  
Name MARTIN, MARY  
Address 294 NW 42 WAY  
City-State-Zip: DEERFIELD BEACH FL 33442

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLES J. SEITZ**

**PRESIDENT**

**04/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date