2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2025
Secretary of State
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DOCUMENT# N14971

Entity Name: NORTHSTAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 59-2771453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILILTY MANAGEMENT, INC
C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS F LIVELY 04/04/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	SECRETARY
Name	DAVIS, GAYLE	Name	CAVANARO, BILL
Address	C/O ABILITY MANAGEMENT INC 6736 LONE OAK BLVD	Address	C/O ABILITY MANAGEMENT INC 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

Title	PRESIDENT
Name	RYAN, JAMES
Address	C/O ABILITY MANAGEMENT INC 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

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: JAMES RYAN PRESIDENT 04/04/2025

Electronic Signature of Signing Officer/Director Detail — Date