FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

NODTHWOOD ASSOCIATION INC

MOUTHAGOD V9900IVIION! INC.												
Principal Place	e of Business	3	Mailing Addres	Mailing Address				1 EMBAN EMBAN BINDA NINA DIDER (DAND	I HANA BIRDIN BI	(6 15 01011 01011 0	SENTE BENEFICIALIS	
2846 NORTHWOOD WAY SARASOTA FL 34234 US				2846 NORTHWOOD WAY SARASOTA FL 34234-5055 US				10- 6-	-1()(5)			
								3. Date Incorporated or Qualified 07/24/1980	3a. Da	of Last Re 02/27/19	96	
2. Principal P	lace of Busin	oss	2a. Mailing Add	2a. Mailing Address			4. FEI Number Applied Fo 59-2610816 Not Applie			pplied For of Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	e			City & State			6. Election Campaign Financing		\$5.00	····		
23			28	28				Trust Fund Contribution		Added t		
Zip	Country		Zip			ountry		8. This corporation has liability for i	ntangible	tax under s.	199.032,	
24	25		29			·		Florida Statutes Yes X No				
	9. Name	and Address of Curre	nt Registered Agent					10. Name and Address of New Re	gistered	Agent		
		_			81		Name					
	ann thow Orthwooi						Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
SARASOTA,F FL 34234												
							City		FI	85 Zip (Code	
11. Pursuant office or ragent. La	to the provisi egistered ag m familiar wi	ons of Sections 617.05 ent, or both, in the Stati th, and accept the oblig	02 and 617.1508, Flor e of Florida. Such cha gations of, Section 617	ida Statutes, nge was autl 7.0503, Florid	the abov orized b la Statute	re-ri y t∤ ss.	iamed corp ne corporati	oration submits this statement for the p ion's board of directors. Thereby accep	urpose of t the app	changing itsointment as	s registered registered	
	Signature, typed	or printed name of registered in		(NOTE R		ect s	s gnature require	ed when reinstating)	DATE	20140101		
12.	PD	OFFICERS AN	ND DIRECTORS	The second secon			···· 	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	S IN 12 Addition	
TITLE	LEE, JO	MUN	↓ ل_ا	DELETE 1.1 TI						Change	L Muddin	
STREET ADDRESS 4571 NORTHWOOD TERRAC			CF	1.2 NAMF 1.3 STREFT ADDRESS			inor é é					
CITY-ST-ZIP SARASOTA FL			~ L	1.4 0								
TITLE	VD			DELETE	2 1 TITLE	31-1				Change	Addition	
NAME		CHER, JEFF			2.2 NAME							
STREET ADDRESS		ORTHWOOD WAY			2.3 STREE	2.3 STREET ADDRESS						
CITY-ST-ZIP SARASOTA FL				. 2.4 C			ZIP					
TITLE	STD			DELETE	3.1 TITLE					☐ Change	Add-tion	
NAME		Terry ann		3.2 NAM								
STREET ADDRESS				3.3 \$16			DRESS					
CITY - ST - ZIP	SARAS	OTA FL		3.4 C			7IP					
TITLE	D			DELETE.	4.1 1016		į			Change	Addition	
NAME		JOYCE	~=		4. 2 NAME		-					
STREET ADDRESS		ORTHWOOD TERRA	CE		4.3 STREE	I AD	DRESS					
CITY-ST-ZIP	SARAS	UIA FL			4.4 CITY-	S1-2	7IP			П сь	Additio-	
TITLE	00000	TT ALAN	₩	DELETE	5.1 TITLE					☐ Change	Addition	
NAME		ITT, ALAN ORTHWOOD CIDCUS	=	Ì	5.2 NAME							
STREET ADDRESS		ORTHWOOD CIRCLE	•		5.3 STREE							
CITY-ST-ZIP	SARAS	UIA FL		VE+111.	5.4 CHY-1	S1-2	ZIP			T Change	Addiss	
TITLE			الـا	DELETE	6.1 THLE					Change	■ Addition	
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREE	1 AD	DRESS					

14. I do 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.