2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 753473

1. Entity Name
NORTHWOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TAMARA L. SMITH 2815 NORTHWOOD CIR SARASOTA, FL 34234 US	TAMARA L. SMITH 2815 NORTHWOOD CIR SARASOTA, FL 34234 US

DO NOT WRITE IN THIS SPACE

02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2610816
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, CYNTHIA T
4586 NORTHWOOD TERRACE
SARASOTA, FL 34234

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, TAMERA L
STREET ADDRESS	2815 NORTHWOOD CIR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	V
NAME	DINOI, JAMES
STREET ADDRESS	4646 NORTHWOOD TER
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	S
NAME	ZANGARA, HEATHER
STREET ADDRESS	2832 NORTHWOOD CIR
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	T
NAME	FRANKLIN, CYNTHIA
STREET ADDRESS	4586 NORTHWOOD TER
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/05-80035-017 61.25

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12. 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 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 617, 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.

SIGNATURE: Cynthia Franklin 3/1/05 941-351-3793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #