

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT #753473 1. Entity Name NORTHWOOD ASSOCIATION, INC.	
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Principal Place of Business 2832 NORTHWOOD CIRCLE SARASOTA, FL 34234 US	Mailing Address 2832 NORTHWOOD CIRCLE SARASOTA, FL 34234 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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

STAINED, HEATHER Z
2832 NORTHWOOD CIRCLE
SARASOTA, FL 34234

**DO NOT WRITE
IN THIS SPACE**

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 Heather Zangara Staine 1/14/08
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STAINED, HEATHER Z 2832 NORTHWOOD CIR SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DINOI, JAMES 4646 NORTHWOOD TER SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, TAMARA L 2815 NORTHWOOD CIR SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TECKENBROCK, RICHARD C 2832 NORTHWOOD WA SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/17/08-80031-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Heather Zangara Staine HEATHER ZANGARA STAINED 1/14/08 941-321-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #