2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 753473

Entity Name: NORTHWOOD ASSOCIATION, INC.

Current Principal Place of Business:

2832 NORTHWOOD CIRCLE
SARASOTA, FL 34234 US

New Principal Place of Business:

2718 NORTHWOOD WAY
SARASOTA, FL 34234 US

Current Mailing Address:

2832 NORTHWOOD CIRCLE
SARASOTA, FL 34234 US

New Mailing Address:

2817 NORTHWOOD WAY
SARASOTA, FL 34234 US

FEI Number: 59-2610816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAINE, HEATHER Z
2832 NORTHWOOD CIRCLE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

HADDOCK, RAFAEL
2817 NORTHWOOD WAY
SARASOTA, FL 34234 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: RAFAEL HADDOCK 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STAINE, HEATHER Z
Address: 2832 NORTHWOOD CIR
City-St-Zip: SARASOTA, FL 34234

Title: V ( ) Delete
Name: DINOI, JAMES
Address: 4646 NORTHWOOD TER
City-St-Zip: SARASOTA, FL 34234

Title: S ( ) Delete
Name: SMITH, TAMARA L
Address: 2815 NORTHWOOD CIR
City-St-Zip: SARASOTA, FL 34234

Title: T ( ) Delete
Name: TECKENBROCK, RICHARD C
Address: 2832 NORTHWOOD WA
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HADDOCK, RAFAEL
Address: 2817 NORTHWOOD WAY
City-St-Zip: SARASOTA, FL 34234

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: TECKENBROCK, RICHARD C
Address: 2832 NORTHWOOD WAY
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAFAEL HADDOCK P 01/16/2009
Electronic Signature of Signing Officer or Director Date