


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90235 036 ****61.25

DOCUMENT # N04000001183 1. Entity Name NORTHWOOD PARK HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 2002 N.LOIS AVENUE SUITE 507 TAMPA, FL 33607		Mailing Address 2002 N.LOIS AVENUE SUITE 507 TAMPA, FL 33607	
2. Principal Place of Business - No P.O. Box # 4301 32nd St. W.		3. Mailing Address 4301 32nd St. W.	
Suite, Apt. #, etc. Suite A-20		Suite, Apt. #, etc. Suite A-20	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34205	Country Manatee	Zip 34205	Country Manatee
6. Name and Address of Current Registered Agent LAMB, BRIAN 2002 N.LOIS AVENUE SUITE 507 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name C&S Condominium Mgmt. Services Street Address (P.O. Box Number is Not Acceptable) 4301 32nd St. W. Suite A-20 City Bradenton FL Zip Code 34205	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	TITLE	PRESIDENT
NAME	THOMPSON, WES <input checked="" type="checkbox"/> Delete	NAME	DORIS BRUST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	714 MANATEE AVENUE EAST	STREET ADDRESS	7019 43RD AVE E
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP	PALMETTO FL 34221
TITLE	PD	TITLE	VICE PRESIDENT
NAME	HEROLD, FRANK L <input checked="" type="checkbox"/> Delete	NAME	TYLER BRANDES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	714 MANATEE AVENUE EAST	STREET ADDRESS	4162 70TH ST CIR E
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP	PALMETTO FL 34221
TITLE	SD	TITLE	SECRETARY
NAME	SAILER, SCOTT <input checked="" type="checkbox"/> Delete	NAME	CYNDEE BOELKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	714 MANATEE AVENUE EAST	STREET ADDRESS	4203 70TH ST CIR E
CITY-ST-ZIP	BRADENTON, FL 34208	CITY-ST-ZIP	PALMETTO FL 34221
TITLE		TITLE	DIRECTOR
NAME	<input type="checkbox"/> Delete	NAME	MICHAEL MCLEOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	4278 70TH ST CIR E
CITY-ST-ZIP		CITY-ST-ZIP	PALMETTO FL 34221
TITLE		TITLE	DIRECTOR
NAME	<input type="checkbox"/> Delete	NAME	FRANK DESANTIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	4212 70TH ST CIR E
CITY-ST-ZIP		CITY-ST-ZIP	PALMETTO, FL 34221
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Doris Brust</u> HOA President 4/23/08 941-803-8244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			