

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90450 039 ****61.25

DOCUMENT # N04000010355

1. Entity Name
 NORTHWOOD OWNERS ASSOCIATION, INC.



Principal Place of Business
 920 THIRD ST - STE B
 NEPTUNE BEACH, FL 32266

Mailing Address
 920 THIRD ST - STE B
 NEPTUNE BEACH, FL 32266

50015186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
 73-1724419

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, L. DENISE
 920 THIRD ST - STE B
 NEPTUNE BEACH, FL 32266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$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: VD
 NAME: COLLINS, ASHLEY B Delete
 STREET ADDRESS: 3840 CROWN POINT RD - STE C
 CITY-ST-ZIP: JACKSONVILLE, FL 32257

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VPD
 NAME: WISEMAN, WAYNE W III Delete
 STREET ADDRESS: 3840 CROWN POINT RD - STE C
 CITY-ST-ZIP: JACKSONVILLE, FL 32257

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: STD Delete
 NAME: WALLACE, L. DENISE
 STREET ADDRESS: 920 THIRD ST - STE B
 CITY-ST-ZIP: NEPTUNE BEACH, FL 32266

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD Delete
 NAME: HOLLAND, BEVERLY J
 STREET ADDRESS: 3840 CROWN POINT RD, SUITE A
 CITY-ST-ZIP: JACKSONVILLE, FL 32257

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: PD Delete
 NAME: KNOWLES, MARK A
 STREET ADDRESS: 3840 CROWN POINT RD, SUITE A
 CITY-ST-ZIP: JACKSONVILLE, FL 32257

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK KNOWLES

Date

Daytime Phone #

3/30/06 904-242-0666