

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000003116 (9)

1. Corporation Name
ASSOCIATION OF NORTHWOOD NEIGHBORHOODS, INC.



Principal Place of Business Mailing Address
 P O BOX 4074 GAINESVILLE FL 32613 P O BOX 4074 GAINESVILLE FL 32613

3. Date Incorporated or Qualified 06/28/1995	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Country
25 Country	29 Zip
30 Country	

9. Name and Address of Current Registered Agent
REDDIG, WILLIAM G
2901 NW 57 PLACE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent
 81 Name **Craig E. Carter**
 82 Street Address (P.O. Box Number is Not Acceptable)
2701 NW 57 Place
 83
 84 City **Gainesville** FL 85 Zip Code **32653**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Craig E. Carter, Association President** DATE **7/15/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	President	<input type="checkbox"/>
NAME	Craig Carter	
STREET ADDRESS	2701 NW 57 Pl	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	Michelle Carter	<input type="checkbox"/>
NAME	Michelle Carter	
STREET ADDRESS	2701 NW 57 Pl	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	S Bonnie Reddig	<input type="checkbox"/>
NAME	S Bonnie Reddig	
STREET ADDRESS	2901 NW 57 Pl	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE	William Reddig	<input type="checkbox"/>
NAME	William Reddig	
STREET ADDRESS	2901 NW 57 Pl.	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	Patricia Glenn	<input type="checkbox"/>
NAME	Patricia Glenn	
STREET ADDRESS	5730 NW 28th	
CITY-ST-ZIP	Gainesville FL 32653	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Dessie Robinson	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Dessie Robinson		
1.3 STREET ADDRESS	2745 NW 55 Blvd		
1.4 CITY-ST-ZIP	Gainesville, FL 32653		
2.1 TITLE	Verdell Robinson	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Verdell Robinson		
2.3 STREET ADDRESS	2745 NW 55 Blvd		
2.4 CITY-ST-ZIP	Gainesville, FL 32653		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Craig E. Carter** DATE: **7/15/96** DAYTIME PHONE #: **377-1860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRAIG E. CARTER, ASSOCIATION PRESIDENT

CR2E037 (3/96)