

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 753473 (8)

1. Corporation Name

NORTHWOOD ASSOCIATION, INC.

Principal Place of Business

**2846 NORTHWOOD WAY
SARASOTA FL 34234
US**

Mailing Address

**2846 NORTHWOOD WAY
SARASOTA FL 34234
US**



3. Date Incorporated or Qualified
07/24/1980

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TERRY ANN THOM
2846 NORTHWOOD WAY
SARASOTA, FL 34234**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **BERKWITT, ALAN H**
STREET ADDRESS **2832 NORTHWOOD CIRCLE**
CITY - ST - ZIP **SARASOTA FL**

TITLE **VD** ☒ DELETE
NAME **LEE, JOHN**
STREET ADDRESS **4571 NORTHWOOD TERRACE**
CITY - ST - ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE
NAME **THOM, TERRY ANN**
STREET ADDRESS **2846 NORTHWOOD WAY**
CITY - ST - ZIP **SARASOTA FL**

TITLE **SD** ☒ DELETE
NAME **SLOAN, STACY**
STREET ADDRESS **4562 NORTHWOOD TE**
CITY - ST - ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **LENGACHER, JEFF**
STREET ADDRESS **2849 NORTHWOOD WAY**
CITY - ST - ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **John Lee**
1.3 STREET ADDRESS **4571 Northwood Terrace**
1.4 CITY - ST - ZIP **Sarasota, FL 34234**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Jeff Lengacher**
2.3 STREET ADDRESS **2849 Northwood Way**
2.4 CITY - ST - ZIP **Sarasota, FL 34234**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **Terry Ann Thom**
3.3 STREET ADDRESS **2846 Northwood Way**
3.4 CITY - ST - ZIP **Sarasota, FL 34234**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Alan H. Berk Witt**
5.3 STREET ADDRESS **2832 Northwood Circle**
5.4 CITY - ST - ZIP **Sarasota, FL 34234**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Joyce Kozak**
6.3 STREET ADDRESS **4646 Northwood Terrace**
6.4 CITY - ST - ZIP **Sarasota, FL 34234**

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: *John Q. Lee* **John Lee, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)