

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740267

1. Entity Name

NORTHWOOD CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business

3945 N.W. 30TH PLACE
GAINESVILLE FL 32608

Mailing Address

3945 N.W. 30TH PLACE
GAINESVILLE FL 32608

2. Principal Place of Business

3945 N.W. 30TH PLACE

3. Mailing Address

3945 N.W. 30TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

Zip

32608-1456 U.S.A.

Zip

32608-1456 U.S.A.

Country

U.S.A.

6. Name and Address of Current Registered Agent

PINKOSON, CHARLES
3945 N.W. 30TH PLACE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PINKOSON, LEE
STREET ADDRESS 2820 N.W. 38TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE STD
NAME PINKOSON, CHARLES
STREET ADDRESS 3945 N.W. 30TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE VPD
NAME DAVIS, DON
STREET ADDRESS 4040 N.W. 16TH BOULEVARD
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *CHARLES PINKOSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: FEB. 10, 2001 352 372-2115

Daytime Phone #

CR2037 (10/00)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90041 014 ****61.25



DO NOT WRITE IN THIS SPACE