

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90008 014 \*\*\*\*61.25

**DOCUMENT # 740267**

1. Entity Name  
**NORTHWOOD CENTER OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6360 NW 13TH STREET  
GAINESVILLE, FL 32653**

Mailing Address  
**6360 NW 13TH STREET  
GAINESVILLE, FL 32653**

**54008137**



Principal Place of Business  
**5522 NW 43<sup>rd</sup> Street  
City & State  
Gainesville, FL  
Zip 32653 County Alachua**

Mailing Address  
**5522 NW 43<sup>rd</sup> Street  
City & State  
Gainesville, FL  
Zip 32653 County Alachua**

01132004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1829629**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARKE, KEVIN  
6360 NW 13TH STREET  
GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent

**N Richard A. Tenaglia  
S Bosshardt Property Mgt  
5522 NW 43<sup>rd</sup> Street  
Gainesville FL 32653  
C 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 Richard Tenaglia mgr. **1-15-04**  
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, 2004**

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

TITLE **PD** ☒ Delete  
NAME **BAGEN, STEVEN**  
STREET ADDRESS **2820 N.W. 38TH DRIVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **STD** ☒ Delete  
NAME **CLARKE, KEVIN L**  
STREET ADDRESS **6360 NW 13TH STREET**  
CITY-ST-ZIP **GAINESVILLE, FL 32653**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Change ☒ Addition  
NAME **John Thomas**  
STREET ADDRESS **5542 NW 43rd St.**  
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Forest Hope**  
STREET ADDRESS **158 Turkey Creek**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Don Davis**  
STREET ADDRESS **4040 NW 16th Blvd**  
CITY-ST-ZIP **Gainesville, FL 32605**

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

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

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

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: Don Davis **Don Davis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**352-336-1041**