

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751597

FILED  
May 18, 2006  
Secretary of State

**Entity Name:** NORTHWEST TALLAHASSEE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

911 SAN LUIS ROAD  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

911 SAN LUIS ROAD  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 59-2400905      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUTCHINSON, KENT  
911 SAN LUIS ROAD  
TALLAHASSEE, FL 32304      US

**Name and Address of New Registered Agent:**

HUTCHINSON, KENT B  
911 SAN LUIS ROAD  
TALLAHASSEE, FL 32304      US

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: KENT B HUTCHINSON

05/18/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HUTCHINSON, KENT  
Address: 911 SAN LUIS ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD      ( ) Delete  
Name: SCHWERZEL, SHARON  
Address: 2408 SAN PEDRO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP      ( ) Delete  
Name: OLIGNEY, JIM  
Address: 1111 DOMINGO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: T      (X) Delete  
Name: ANDERSON, MONICA  
Address: 1302 SAN LUIS ROAD  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT B HUTCHINSON

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05/18/2006

Electronic Signature of Signing Officer or Director

Date