

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754592

FILED
Jan 23, 2009
Secretary of State

Entity Name: THE OAKS OF NORTHWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2737 ENTERPRISE RD
CLEARWATER, FL 34619 US

New Principal Place of Business:

Current Mailing Address:

C/O CONDO MGT PLUS, INC
P O BOX 86507
MADEIRA BEACH, FL 337386507 US

New Mailing Address:

C/O ASSOCIATION DATA MANAGEMENT, INC
P O BOX 2007
DUNEDIN, FL 346972007 US

FEI Number: 59-2067034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDO MGT PLUS
352 150TH AVE
SUITE E
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

TANKEL, ROBERT L ESQ.
1022 MAIN STREET
SUITE D
DUNEDIN, FL 34698 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: ROBERT L. TANKEL

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, ROBERT
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: V () Delete
Name: SHEPARD, GARY
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: S () Delete
Name: LASSUS, RENEE
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: T (X) Delete
Name: AMBLER, EMILY
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D () Delete
Name: SUMMERS, DOROTHY
Address: 352 150TH AVE STE E
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KIELLACH, DOROTHY
Address: P.O. BOX 2007
City-St-Zip: DUNEDIN, FL 34697

Title: V (X) Change () Addition
Name: DELONG, JERALD
Address: P.O. BOX 2007
City-St-Zip: DUENDIN, FL 34697

Title: T (X) Change () Addition
Name: LASSUS, RENEE
Address: P.O. BOX 2007
City-St-Zip: DUENDIN, FL 34697

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

Title: S (X) Change () Addition
Name: SUMMERS, DOROTHY
Address: P.O. BOX 2007
City-St-Zip: DUENDIN, FL 34697

I hereby certify that the information supplied with this filing does not qualify 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: DOROTHY KIELLACH

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date