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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000000269 (0)

1. Corporation Name

NORTHWOODS CAPITAL MANAGEMENT, LTD., INC.

Principal Place of Business

~~2706 S. HORSESHOE DR., SUITE 101~~  
~~NAPLES FL 33942~~

Mailing Address

~~2706 S. HORSESHOE DR., SUITE 101~~  
~~NAPLES FL 33942~~



2. Principal Place of Business

21 10621 Airport Pulling Rd. N.

Suite, Apt. #, etc

22 Suite 1

City & State

23 Naples, FL

24 Zip 34109

Country

2a. Mailing Address

26 10621 Airport Pulling Rd. N.

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Naples, FL

29 Zip 34109

Country

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

06/12/1996

4. FEI Number

36-3871754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SORRENTINO, ROBERT J

~~2706 S. HORSESHOE DR., SUITE 101~~

~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent

81 Name

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

10621 Airport Pulling Rd. N.

83 Suite 1

84 City

Naples

FL

85 Zip Code

34109

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE

NAME SORRENTINO, ROBERT J

STREET ADDRESS ~~2706 S. HORSESHOE DR., #101~~

CITY-ST-ZIP ~~NAPLES FL 33942~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10621 Airport Pulling Rd. N. Suite 1  
Naples, FL 34109

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Sorrentino

4/1/97

(941) 594-0077

Date

Daytime Phone #

CR2E034 (9/96)