

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2006
Secretary of State**

DOCUMENT# N00000003848

Entity Name: NORTHWOOD SHORES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

322 35TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

322 35TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, MICHAEL A ESQ
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLICK, CARL
Address: 221 34TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: PD () Delete
Name: STARKEY, BETTE A
Address: 213 29TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD () Delete
Name: HULL, HAROLD
Address: 311 28TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: WEEKS, MICHAEL
Address: 322 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: ZARINS, GILARD S
Address: 215 31ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: DUNCAN, JULIE
Address: 315 35TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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:

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: MICHAEL A. WEEKS

D

03/22/2006

Electronic Signature of Signing Officer or Director

_____ Date