

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-05-2001 90005 028 ****61.25

DOCUMENT #

1. Entity Name

N00000006572

NORTHWOOD MERCHANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

519 25th Street
 West Palm Beach, FL 33407

76780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1074091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ron Raulerson

Name

Vivian L. Brooks

Street Address (P.O. Box Number is not Acceptable)

519 25th Street

W. Palm Beach

FL

Zip Code 33407

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.

SIGNATURE

Vivian Brooks

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Ron Tinson
 350 Northwood Road
 West Palm Beach, FL 33407

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

V. Moenu Thandi
 4041 Northwood Road
 West Palm Beach, FL 33407

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

S. Sandy Hume
 430 Northwood Road
 West Palm Beach, FL 33407

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

T. Yvonne Peterman
 415 Northwood Road
 West Palm Beach, FL 33407

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

D. Joseph Pucillones
 514 Northwood Road
 W. Palm Beach, FL 33407

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

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Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ron Tinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20, 2001

823 0700

CR2E037 (11/00)