

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000006572

1. Entity Name
NORTHWOOD MERCHANTS ASSOCIATION, INC.



Principal Place of Business
**535 TWENTY FOURTH STREET
WEST PALM BEACH, FL 33407**

Mailing Address
**535 TWENTY FOURTH STREET
WEST PALM BEACH, FL 33407**



02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**TYLANDER, GEORGIA M
535 TWENTY FOURTH STREET
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TYLANDER, GEORGIA M
STREET ADDRESS	535 TWENTY FOURTH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	V
NAME	VOLLEWEIN, FRED
STREET ADDRESS	409 TWENTY FOURTH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	T
NAME	PETEERMAN, YVONNE
STREET ADDRESS	415 NORTHWOOD ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/08-80091-004 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Georgia M. Tylander **Georgia M. Tylander**

4/28/08 **561-762-6983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #