


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N00911 1. Entity Name NORTHWIND HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O RICHARD C. JONES P. O. BOX 7041 PENSACOLA, FL 32534-0041	Mailing Address C/O RICHARD C. JONES P. O. BOX 7041 PENSACOLA, FL 32534-0041
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DO NOT WRITE IN THIS SPACE



04012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2502813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JONES, RICHARD C.
9345 CHISHOLM RD K-3
PENSACOLA, FL 32514

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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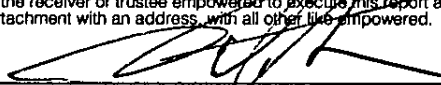
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST JONES, RICHARD C 9345 CHISHOLM RD., K-3 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDER, GEORGE 11582 HAVEN WOOD RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP TRANCHINA, JOSEPH 8457 MELIACEAE DR PENSACOLA, FL 32514
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/16/07-80051-011 61.25

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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:  **RICHARD C JONES** **APR 1, 2007** **850 476-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #