2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01625

FILED Feb 11, 2009 Secretary of State

Entity Name: NORTHWOOD AT SUNRISE LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

FRANK WEINBERGE & BLACK 7805 SW 6 COURT PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

FRANK WEINBERGE & BLACK 7805 SW 6 COURT PLANTAION, FL 33324 US

FEI Number: 59-2656173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEINBERG, STEVEN A 7805 SW 6 COURT FORT LAUDERDALE, FL 33324 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CASSELLA, LARRY DION, PAUL Name: Name: 2730 N NOB HILL RD Address: 2746 N NOB HILL RD Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322

Title: PD () Delete Title: PD (X) Change () Addition

Name: SHIRLEY, JANET Name: BENSON, BOB Address: 2682 N. NOB HILL RD. Address: 2788 N. NOB HILL RD. City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322

Title: PD () Delete Title: **VPD** (X) Change () Addition

DION, MARIE A Name: STOFAN, BRUCE Name: 2754 N. NOB HILL RD. Address: 2746 N. NOB HILL RD. Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify 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: BOB BENSON PD 02/11/2009