2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010676

Entity Name: NORTH WOODS ROAD ASSOCIATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
12591 COUNTRY EAGLE LANE				1110 DEL PRADO BLVD. SOUTH			
CAPE COF	RAL, FL 33909			SUITE B CAPE COR	RAL, FL 33990	0 US	
Current Mailing Address:				New Mailing Address:			
12591 COUNTRY EAGLE LANE CAPE CORAL, FL 33909				1110 DEL PRADO BLVD. SOUTH SUITE B CAPE CORAL, FL 33990 US			
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	New Registered	d Agent:
BARNES, BRUCE 12591 COUNTRY EAGLE LANE CAPE CORAL, FL 33909				OGRODZINSKI, TED 12561 EAGLE ROAD CAPE CORAL, FL 33909			
The above in the State		ubmits this statement for the pu	ırpose o	f changing it	s registered o	office or register	ed agent, or both,
SIGNATURE: T. OGRODZINSKI						04/30/20	004
	Electron	c Signature of Registered Ager	nt			Date	
OFFICERS	AND DIRECT	rors:		ADDITION	S/CHANGES	TO OFFICERS	AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () MILLER, WILLIA 17580 EAGLE V CAPE CORAL, F	IEW LANE		Title: Name: Address: City-St-Zip:	()) Change ()Additi	on
Title: Name: Address: City-St-Zip:	D () HAYTAC, KAMIL 12801 EAGLE F CAPE CORAL, F	rD.		Title: Name: Address: City-St-Zip:	()) Change()Additi	on
Title: Name: Address: City-St-Zip:	D () DORO, MARC 13221 COUNTR CAPE CORAL, F			Title: Name: Address: City-St-Zip:	()) Change () Additi	on
Title: Name: Address: City-St-Zip:	D () BARNES, BRUC 12591 COUNTR CAPE CORAL, F	Y EAGLE LANE		Title: Name: Address: City-St-Zip:	D (X) WIEDERHOLD 12761 EAGLE I CAPE CORAL,	ROAD	ion
Title: Name: Address: City-St-Zip:	D () OGRODZINSKI, 12561 EAGLE F CAPE CORAL, F	RD.		Title: Name: Address: City-St-Zip:	()) Change ()Additi	on
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SCHUMAN, KE	RY EAGLE LANE	ion

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TED OGRODZINSKI MR 04/30/2004