

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

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000001441**

1. Entity Name  
**NORTHWOOD VILLAGE ASSOCIATION, INC.**



Principal Place of Business  
**3333 W. KENNEDY BOULEVARD  
TAMPA, FL 33609**

Mailing Address  
**3333 W. KENNEDY BOULEVARD  
TAMPA, FL 33609**



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5755968**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GOLDSTEIN, BRUCE S P.A.  
500 EAST KENNEDY BOULEVARD, SUITE 101-A  
TAMPA, FL 33602**

**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

U000000782010  
01/15/08-80057-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DATO, JOSEPHINE
STREET ADDRESS	600 MADISON STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VD
NAME	DOMINGUEZ, GILMORE
STREET ADDRESS	3333 W. KENNEDY BOULEVARD
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	STD
NAME	BAXTER, GEORGE J
STREET ADDRESS	4963 BACOPA LANE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*George Baxter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 (513) 971-2827  
Date Daytime Phone #