

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012643

FILED
Feb 04, 2008
Secretary of State

Entity Name: THE VILLAGES OF NORTHWOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1845 TOWNCENTER BOULEVARD
#200
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1845 TOWNCENTER BOULEVARD
#200
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 11-3804443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGAR, JEFF
1845 TOWNCENTER BOULEVARD
#200
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

KEATING, DAVID
1845 TOWNCENTER BOULEVARD
#200
ORANGE PARK, FL 32003 US

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: DAVID KEATING 02/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGAR, JEFF
Address: 1845 TOWNCENTER BOULEVARD #200
City-St-Zip: ORANGE PARK, FL 32003

Title: VD () Delete
Name: KEATING, DAVID
Address: 1845 TOWNCENTER BOULEVARD #200
City-St-Zip: ORANGE PARK, FL 32003

Title: TD () Delete
Name: STRUBLE, JOHN
Address: 1845 TOWNCENTER BOULEVARD #200
City-St-Zip: ORANGE PARK, FL 32003

Title: SD (X) Delete
Name: MILLER, TRACY
Address: 1845 TOWNCENTER BOULEVARD #200
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEATING, DAVID
Address: 1845 TOWNCENTER BOULEVARD #200
City-St-Zip: ORANGE PARK, FL 32003

Title: VD (X) Change () Addition
Name: JOE, BEELER
Address: 1845 TOWNCENTER BOULEVARD #200
City-St-Zip: ORANGE PARK, FL 32003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID KEATING PD 02/04/2008

Electronic Signature of Signing Officer or Director Date