

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21207** (8)
1. Corporation Name
NORTH GREENWOOD ASSOCIATION, INC.



Principal Place of Business 1002 NORTH GREENWOOD AVE CLEARWATER FL 34615	Mailing Address P.O. BOX 805 CLEARWATER FL 34615 US
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3. Date Incorporated or Qualified 06/18/1987	
4. FEI Number 59-2841250	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33755 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33757 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WADE, JONATHAN
908 PENNSYLVANIA AVE
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, LOIS D.	1.2 NAME	Michelle Dublin
STREET ADDRESS	1438 HEAVEN SENT LN.	1.3 STREET ADDRESS	1619 N. Washington Ave
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater FL 33755
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, DEBORAH	2.2 NAME	
STREET ADDRESS	1001 N GREENWOOD AVE, B1, APT. 4	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CHERRY	3.2 NAME	Bilal Habeeb-Ullah
STREET ADDRESS	1789 HARBOR DR.	3.3 STREET ADDRESS	354 Jackson St
CITY-ST-ZIP	CLEARWATER FL 34615	3.4 CITY-ST-ZIP	Dunedin FL 34648
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, ERNEST	4.2 NAME	
STREET ADDRESS	1777 HARBOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZ, PAUL	5.2 NAME	
STREET ADDRESS	P.O. BOX 901	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLETON, YVETTE	6.2 NAME	
STREET ADDRESS	1471 PINEBROOK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonathan R. Wade*

3-13-98 813 442 0059

CR2E037 (10/97)