



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90019 036 ****61.25

DOCUMENT # N28125 1. Entity Name NORTHWOOD PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business %BARFIELD, SADIE, J 2022 FORD DR MADISON, FL 32340 US			Mailing Address PO BOX 1081 MADISON, FL 32341		
2. Principal Place of Business 90 NANCY RADKE Suite, Apt. #, etc. 1152 NE FORD DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State MADISON, FL		City & State		4. FEI Number 59-2946653	
Zip 32340		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARFIELD, SADIE J 2022 FORD DR MADISON, FL 32340			7. Name and Address of New Registered Agent Name NANCY RADKE Street Address (P.O. Box Number is Not Acceptable) 1152 NE FORD DRIVE City MADISON FL Zip Code 32340		
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 <u>Nancy Radke, President</u> <u>Ds Radke</u> <u>3-7-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BARFIELD, SADIE 2022 FORD DR MADISON, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NANCY RADKE 1152 NE FORD DRIVE MADISON, FL 32340 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NIEMINEN, MELISSA 2112 FORD CT MADISON, FL 32340 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Cynthia Graham 3570 SW 2ULLO ST Port. St. Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, CINDY 3101 REAGAN COURT MADISON, FL 32340 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec-Trea D ANA WEEKS 1157 NE FORD DRIVE MADISON, FL 32340 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE WEEKS 1157 NE FORD MADISON, FL 32340 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMEN R1220 929 S. Palm Dr. SW LARGO, FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>Nancy Radke</u> <u>Ds Radke</u> <u>3-7-05</u> <u>850.973.6807</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					