2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am

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DOCUMENT # N28125 1. Entity Name NORTHWOOD PROPERTY OWNERS' ASSOCIATION, INC.					^ I	Secretary of State 04-17-2006 90400 048 ****61.25			
Principal Plac C/O NANY RA 1152 NE FOI MADISON, FL	idke RD drive . 32340 us	Mailing Address PO BOX 1081 MADISON, FL 32341							
2. Principal Place of Business C/O Shawn West 3. Mailing Address						制物期間			
Suite, Apt. #, etc. 421 N.E. Ford. Dr. Suite, Apt. #, etc.					02102006 C	hg-NP	CR2E037 (11/05)	
City & State City		City & State	City & State			33	 	Applied For Not Applicable	
32340	Country	Zip	Countr	гу	5. Certificate of S	atus Desired	□ \$8.75 A Fee Requi		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agent		
				Name /					
RADKE, N			-	wes	Shawn ess (P.O. Box Number is	No. 4			
	ORD DRIVE			42	N.E. For		;)		
MADISON	, FL 32340								
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			1 '	City	15an Fl.	R'	FL 799	7340	
	named entity submits this statement for	or the purpose of changing its	registered	office or reg	istered agent, or both, in	the State of Fid	orida. I am familiar wi	h, and accept	
the obligat	ions of registered agent.								
	Of was 1	Matt					4/13/06		
SIGNATURE .	KINDIINI V					-	7///////		
SIGNATURE.		1120		···			1/3/00		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered A	Gent aduente le	quired when reinstitung)	. ,	DATE		
SIGNATURE	Signature, typed or privide nume of registered agent						DATÉ	- to	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE 9. Election Cam Trust Fund C	paign Fina	ancing	\$5.00 May Be		DATE ake check payable ida Department of		
	Sgratus, typed or primed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund C	paign Fina	ancing	\$5.00 May Be Added to Fees	Flor	DATE ake check payable ida Department of	State	
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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 817, 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: LEGGY

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

1. Entity Name	MENT # N28125 OOD PROPERTY OWNER	S' ASSOCIATION,					ļ.	
C/O NANY RADKE PO		Mailing Address PO BOX 1081 MADISON, FL 32341	O BOX 1081		2003/62+			
2. Principal Pl	ece of Business	S. Mailing Address	TILL 2					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102006 CI	hg-NP	CR2E037 (11/05)	,	
City & State		City & State		4. FEI Number 59-294665	4. FEI Number Applied For 59-2946653 Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Re	gistered Agent		
RADKE, N	ANCY			ann III O Con Number in I	Not Acceptable			
1152 NE F	ORD DRIVE FL 32340		Street Add	ress (P.O. Box Number is i	(P.O. Box Number is Not Acceptable)			
						Zio Code		
			City	·		FL Zip Code		
the obligati	named entity submits this statement fo ons of registered agent.				the state of Flor	DATE	and accept	
	Stgnature, typed or printed name of registered agent	and tale it applicable. (NOTE	: Registered Agent signature	(editied when rensaring)	Prancisco.	30.7		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	paign Financing contribution.		Flori	ake check payable to ida Department of St	ate	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRECTORS IN Change	10 Addition	
TITLE NAME	RADKE, NANCY	TT Delete	NAME /	Bartield, S	adie	Orango	25 House	
STREET ADDRESS	1152 NE FORD DRIVE MADISON, FL 32340		STREET ADDRESS CITY-ST-ZIP	Madison F	DT: Fl. 323;	40		
TITLE	VPD	☐ Defete	TITLE	7		☐ Change	X Addition	
NAME STREET ADDRESS	GRAHAM, CYNTHIA 3570 SW ZULLO ST		NAME STREET ADDRESS	Blair, Uonn	a Loo	<i>D</i>		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP	Blair, Donn 379 N.E. Nix Madison, Fi	1. 3234	10		
TITLE	STD ANA	☐ Delete	mre l.	n í .		☐ Change	Addition	
NAME STREET ADDRESS	WEEKS, ANA 1157 NE FORD DRIVE		STREET ADDRESS	Houser, John	AVE No.	rth		
CITY-ST-ZIP	MADISON, FL 32340		CITA-21-51b	St Petersbu	rg F/.	<i>33207</i> □ Change	Addition	
NAME	D WEEKS, STEVE	Delete	TITLE NAME			Change	C Addition	
STREET ADDRESS	1157 NE FORD CIRIVE MADISON, FL 32340		STREET ADDRESS CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	RIZZO, CARMEN 929 S PALM DR SE		NAME STREET ADDRESS					
CITY-ST-ZIP	LARGO, FL 3377'0		CATY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	talend in Observation Services	wide Otracta	further north that the t	formation	
indicated of the co- changed	certify that the information supplied will on this report or supplemental report popation or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that r powered to execute this report	ny signature snau neo as required by Chap	ve ma same lenal eneci as	t it made under d	oain: mar i am an omcer	orumector	
SIGNAT	TURE:	PRINTED MAINE OF SIGNING OFFICER	OR DRECTOR		Date	Daytime Phone #	*****	