

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32703** (3)

1. Corporation Name

**NORTHWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 963  
CRAWFORDVILLE FL 32326

POST OFFICE BOX 963  
~~PO BOX 963~~  
CRAWFORDVILLE FL 32326  
US

3. Date Incorporated or Qualified

**06/07/1989**

3a. Date of Last Report

**08/14/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc. **26** Post Office Box 963

**22** City & State **27** Suite, Apt. #, etc.

**23** City & State **28** City & State  
**Crawfordville, FL**

**24** Zip **25** Country **29** Zip **30** Country  
**32327** **US**

4. FEI Number

**59-3022258**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONEY, GREG  
ROUTE 35, BOX 2446  
TALLAHASSEE FL 32310**

**81** Name **Scott, William E.**

**82** Street Address (P.O. Box Number is Not Acceptable)

**179 Northwood Lane**

**83**

**84** City **Crawfordville**

**FL** **85** Zip Code **32327**

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 *William Earl Scott* **William Earl Scott, President**

**July 23, 1996**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE  
NAME **MONEY, GREG**  
STREET ADDRESS **ROUTE 35, BOX 2446**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DV** ☒ DELETE  
NAME **HARROD, BIL J**  
STREET ADDRESS **ROUTE 35, BOX 2467**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DS** ☒ DELETE  
NAME **GILBERT, DAPHNE E.**  
STREET ADDRESS **ROUTE 35, BOX 2451**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DT** ☒ DELETE  
NAME **MEADOWS, MELISSA**  
STREET ADDRESS **ROUTE 35, BOX 2431**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☒ DELETE  
NAME **LANDOLT, JULIE**  
STREET ADDRESS **31 WEST RUN**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **Scott, William E.**  
1.3 STREET ADDRESS **179 Northwood Lane**  
1.4 CITY-ST-ZIP **Crawfordville, FL 32327**

2.1 TITLE **DV** ☒ Change ☐ Addition  
2.2 NAME **Allen, James**  
2.3 STREET ADDRESS **182 Northwood Lane**  
2.4 CITY-ST-ZIP **Crawfordville, FL 32327**

3.1 TITLE **DST** ☒ Change ☐ Addition  
3.2 NAME **Scott, Marta E.**  
3.3 STREET ADDRESS **179 Northwood Lane**  
3.4 CITY-ST-ZIP **Crawfordville, FL 32327**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Marta E. Scott* **Marta E. Scott, Secretary/Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**July 23, 1996**

Daytime Phone #

CR2E037 (3/96)