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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32703** (3)
1. Corporation Name
NORTHWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P.O. BOX 963 CRAWFORDVILLE FL 32326	Mailing Address P.O. BOX 963 CRAWFORDVILLE FL 32326-0963 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/07/1989	3a. Date of Last Report 07/30/1996	4. FEI Number 59-3022258	Applied For <input type="checkbox"/> Not Applicable
		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		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCOTT, WILLIAM E. 179 NORTHWOOD LANE CRAWFORDVILLE FL 32327	10. Name and Address of New Registered Agent 81 Name Charles Beach 82 Street Address (P.O. Box Number is Not Acceptable) 115 Northwood Lane 83 84 City Crawfordville FL 85 Zip Code 32327
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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 *Charles Beach* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, WILLIAM E. 179 NORTHWOOD LANE CRAWFORDVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Charles Beach 115 Northwood Lane Crawfordville FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLEN, JAMES 182 NORTHWOOD LANE CRAWFORDVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Daniel Zuber 27 Northwood Road Crawfordville FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCOT, M 179 NORTHWOOD LABE CRAWFORDVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary/Treasurer Keith Goldschmidt 404 Northwood Road Crawfordville FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	100002511341- -05/05/98--01101--009 ****297.50 ****297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	REINSTATEMENT 9/9/98
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	4/28/98

14. I do 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 recorder 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.

CR2E037 (9/96)