

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90143 045 ****61.25

DOCUMENT # N32703

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
US

532977- 90143 - 45

2. Principal Place of Business

21 **N/A**

2a. Mailing Address

26 **N/A**

Suite, Apt. #, etc.

22 **N/A**

Suite, Apt. #, etc.

27 **N/A**

City & State

23 **N/A**

City & State

28 **N/A**

Zip

24 **N/A**

Country

25 **N/A**

Zip

29 **N/A**

Country

30 **unkolla**

3. Date Incorporated or Qualified

06/07/1989

4. FEI Number

59-3022258

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

BEACH, CHARLES
115 NORTHWOOD LANE
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name **J. Adam ANNAND**
82 Street Address (P.O. Box Number is Not Acceptable)
49 LIVE OAK LN.
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

J. Adam ANNAND**5/7/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **BEACH, CHARLES**
STREET ADDRESS **115 NORTHWOOD LANE**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE **DV** ☒ DELETE
NAME **ZUBER, DANIEL**
STREET ADDRESS **27 NORTHWOOD ROAD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE **DST** ☒ DELETE
NAME **GOLDSCHMIDT, KEITH**
STREET ADDRESS **404 NORTHWOOD ROAD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP President (DP)** ☒ Change ☒ Addition
1.2 NAME **ZUBER, DANIEL**
1.3 STREET ADDRESS **27 NORTHWOOD Rd.**
1.4 CITY-ST-ZIP **Crawfordville, FL. 32327**2.1 TITLE **DV Vice President (DV)** ☐ Change ☒ Addition
2.2 NAME **WILLIAMS, CAROL**
2.3 STREET ADDRESS **55 SUGAR CANE LN.**
2.4 CITY-ST-ZIP **Crawfordville, FL. 32327**3.1 TITLE **DS Secretary (DS)** ☐ Change ☒ Addition
3.2 NAME **LANDOLT, Julie**
3.3 STREET ADDRESS **P.O. Box 6749**
3.4 CITY-ST-ZIP **Tallahassee, FL. 32314-6749**4.1 TITLE **DT Treasurer (DT)** ☐ Change ☒ Addition
4.2 NAME **J. Adam ANNAND**
4.3 STREET ADDRESS **49 LIVE OAK LN.**
4.4 CITY-ST-ZIP **Crawfordville, FL. 32327**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**J. Adam ANNAND**

Date

5/7/99

Daytime Phone #

850-926-2404

CR2E037 (11/98)