

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N32703

1. Entity 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**



07212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3022258

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEBB, KIMBERLY
209 NORTHWOOD RD
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
NEWSOME, DONALD J
231 NORTHWOOD RD
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
HERTZ, JL
143 NORTHWOOD RD
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
KIRKLAND, KELII
226 NORTHWOOD RD
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
WEBB, KIMBERLY
209 NORTHWOOD RD
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000168141
07/26/04-80001-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kimberly Webb - DT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-07

Date

850-922-8886

Daytime Phone #