## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # N43105** 01-10-2005 90029 039 \*\*\*\*61.25 NORTHWOOD WEST HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 40000362 2544 FRISCO DR. 2544 FRISCO DR. CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 01072005 Cha-NP CR2E037 (10/03) City & State City & State FEI Number 59-3159553 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, DOUGLAS J Street Address (P.O. Box Number is Not Acceptable) 2544 FRISCO DR CLEARWATER, FL 33761 City Zip Code 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 DATE Standard, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2005 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **Ven** TITLE Delete TITLE TO EICHLER, FRED NAME MANAGE STREET ADDRESS 2812 MARRIE COURT STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP TITLE Delete TITE F ■ Addition WILLIAMS, DOUGLAS NAME STREET ADDRESS 2544 FRISCO DR. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CTY-ST-719 TITLE Detete TITLE ☐ Change ☐ Addition NAME WOLES KARL HAME STREET ADDRESS 2645 FRISCO DR STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-7IP TITLE Delete TITLE ☐ Chance **Addition** COLLINS, PATTIE NAME Holly Jones 2806 HAVERHILL DR. STREET ADDRESS 2816 GLORIA CT STREET ADDRESS CLEARWATER, FL 33761 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL Delete ☐ Change ☐ Addition TITLE TTLE NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DNE ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 eport 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?

FILED

Jan 10, 2005 8:00 am