2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N43105

1. Entity Name
NORTHWOOD WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2876 GLORIA COURT CLEARWATER, FL 33761	2876 GLORIA COURT CLEARWATER, FL 33761

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03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3159553

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, HOLLY M
2876 GLORIA COURT
CLEARWATER, FL 33761

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, HOLLY M
STREET ADDRESS	2876 GLORIA COURT
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	VD
NAME	MUNTGES, TERRY
STREET ADDRESS	2808 LUCE DRIVE NORTH
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	TD
NAME	JONES, HENRY C
STREET ADDRESS	2876 GLORIA COURT
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	SD
NAME	CORNILLAUD, ELAINE
STREET ADDRESS	2830 HAVERHILL DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80060-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: H L Jones, Director 4/16/2007 727 796 9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #