


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90154 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48650

1. Corporation Name

RESIDENT INITIATIVE COUNCIL OF NORTHWOOD VILLAGE
, INC.

Principal Place of Business

1200 NINTH STREET
DAYTONA BEACH FL 32117

Mailing Address

C/O RAYMOND A. PHELAN. CPA
623 N. GRANDVIEW AVE
DAYTONA BEACH FL 32118

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
* 8 7415 90154 23 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/27/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3162201
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
TILLMAN, THOMASENE		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
1200 NINTH STREET		Trust Fund Contribution
APT. #30		
DAYTONA BEACH FL 32117		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TILLMAN, THOMASENE		81 Name	
1200 NINTH STREET		82 Street Address (P.O. Box Number is Not Acceptable)	
APT. #30		83	
DAYTONA BEACH FL 32117		84 City	85 Zip Code
		FL	

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: Thomasene Tillman (NOTE: Registered Agent signature required when reinstating) DATE: 1/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, BARBARA	1.2 NAME	
STREET ADDRESS	1200 NINTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HATTIE	2.2 NAME	
STREET ADDRESS	1200 NINTH ST #17	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, THOMASENE	3.2 NAME	
STREET ADDRESS	1200 NINTH STEET #30	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ANGELA	4.2 NAME	
STREET ADDRESS	1200 NINTH ST APT 21	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WALTER	5.2 NAME	
STREET ADDRESS	1200 NINTH ST APT 46	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomasene Tillman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/29/99 Daytime Phone #

CR2E037 (1/198)