2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# N93000001239

Entity Name: NORTHWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 14732
CLEARWATER, FL 33766 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14732
CLEARWATER, FL 33766 US

New Mailing Address:

FEI Number: 59-2270675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THORPE, CHRISTINE M
2555 SWEETGUM WAY W
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: YETMAN, JERRY
Address: 2568 REDWOOD WAY
City-St-Zip: CLEARWATER, FL 33761

Title: DS ( ) Delete
Name: SCHWOB, BILL
Address: 2574 SWEETGUM WAY W
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: HUBER, HARVEY
Address: 2621 BRANDYWINE DR.
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: DEILEY, ROBERT
Address: 2863 PHEASANT RUN
City-St-Zip: CLEARWATER, FL 33759

Title: DT ( ) Delete
Name: THORPE, CHRISTINE M
Address: 2555 SWEETGUM WAY W
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: YETMAN, JERRY
Address: 2568 REDWOOD WAY
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE M THORPE DT 05/09/2006

Electronic Signature of Signing Officer or Director — Date