


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90015 046 ****61.25

DOCUMENT # N94000003547 1. Entity Name NORTHWOOD DENTAL ARTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3001 ENTERPRISE RD. CLEARWATER FL 33759 US			Mailing Address 3003 ENTERPRISE RD. E. CLEARWATER FL 33759 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSSLAND, FRANK N 29605 U.S. HWY. 19 N. SUITE 330 CLEARWATER FL 34621			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		<input type="checkbox"/> Delete		
NAME	CROSSLAND, RICHARD D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3001 ENTERPRISE ROAD				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE	DS		<input type="checkbox"/> Delete		
NAME	CARAZOLA, JAMES L		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3003 ENTERPRISE ROAD				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE	DT		<input type="checkbox"/> Delete		
NAME	KOCHENOUR, WILLIAM L		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3005 ENTERPRISE ROAD				
CITY-ST-ZIP	CLEARWATER FL 33759				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
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 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: <i>James L. Kochenour</i>			4/16/04		727-799-4492
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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