


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003547 1. Entity Name NORTHWOOD DENTAL ARTS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3001 ENTERPRISE RD. CLEARWATER, FL 33759 US	Mailing Address 3003 ENTERPRISE RD. E. CLEARWATER, FL 33759 US
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSSLAND, FRANK N
29605 U.S. HWY. 19 N.
SUITE 330
CLEARWATER, FL 34621

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CROSSLAND, RICHARD D 3001 ENTERPRISE ROAD CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CARAZOLA, JAMES L 3003 ENTERPRISE ROAD CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KOCHENOUR, WILLIAM L 3005 ENTERPRISE ROAD CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000191220
01/24/05-80164-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James L. Carazola, DMD, PA 4/19/05