2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000003547

1. Entity Name
NORTHWOOD DENTAL ARTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3001 ENTERPRISE RD. CLEARWATER, FL 33759 US	3003 ENTERPRISE RD. E. CLEARWATER, FL 33759 US

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01212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

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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, 2006

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

10. OFFICERS AND DIRECTORS

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

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02/10/06-80053-019 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: _____ 1-27-06 727-799-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #