

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003547

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** NORTHWOOD DENTAL ARTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3001 ENTERPRISE RD.  
CLEARWATER, FL 33759 US

**New Principal Place of Business:**

**Current Mailing Address:**

3003 ENTERPRISE RD. E.  
CLEARWATER, FL 33759 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROSSLAND, RICHARD D  
3001 ENTERPRISE RD E  
CLEARWATER, FL 33759 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: DP  
Name: CROSSLAND, RICHARD D  
Address: 3001 ENTERPRISE ROAD  
City-St-Zip: CLEARWATER, FL 33759

Title: DS  
Name: CARAZOLA, JAMES L  
Address: 3003 ENTERPRISE ROAD  
City-St-Zip: CLEARWATER, FL 33759

Title: DT  
Name: KOCHENOUR, WILLIAM L  
Address: 3005 ENTERPRISE ROAD  
City-St-Zip: CLEARWATER, FL 33759

I hereby 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 all other like empowered.

SIGNATURE: JAMES L CARAZOLA

TRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date