

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90045 016 ****61.25

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1. Corporation Name

THE NORTHWOOD PRESERVE ASSOCIATION, INC.

Principal Place of Business
PO BOX 8366
WEST PALM BEACH FL 33407
US

Mailing Address
PO BOX 8366
W PALM BEACH FL 33407
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0658330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

LINES, VIRGINIA
410 52 STREET
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LINES, VIRGINIA
STREET ADDRESS 410 52 STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE
NAME VANNUCCI, MILO
STREET ADDRESS 421 51 STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☒ DELETE
NAME O'CONNER, WAYNE
STREET ADDRESS 5211 POINSETTIA AVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ DELETE
NAME SMITH, Peggy
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME EDM
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME EDMUNDSON, Mike
1.3 STREET ADDRESS 5411 POINSETTIA AVE
1.4 CITY-ST-ZIP West Palm Beach, FL 33407

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME SMITH, Peggy
2.3 STREET ADDRESS 415 54th Street
2.4 CITY-ST-ZIP West Palm Beach 33407

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/16/99

561-845-1013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)