

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002417

FILED
Mar 25, 2005
Secretary of State

Entity Name: NORTHWEST NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1400 99TH ST NW
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

C.E. CHAPMAN, M.D.
P.O. BOX 14760
BRADENTON, FL 342804760

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:

THOMAS, LAWRENCE W
538 12TH ST W
BRADENTON, FL 34205 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 () Delete
Name: CHAPMAN, CLIFFORD
Address: 1400 99TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: DV () Delete
Name: BADEN, INA
Address: 1210 99TH STREET NORTHWEST
City-St-Zip: BRADENTON, FL 34209

Title: DS () Delete
Name: GRAHAM, ANN
Address: 1508 99TH STREET NORTHWEST
City-St-Zip: BRADENTON, FL 34209

Title: TD () Delete
Name: THOMAS, LAWRENCE W
Address: 918 99TH STREET NORTHWEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLIFFORD CHAPMAN

DP

03/25/2005

Electronic Signature of Signing Officer or Director

Date