


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006168					
1. Corporation Name NORTHWEST HOMEOWNERS ASSOCIATION INCORPORATED					
Principal Place of Business 5861 MARIGOLD ROAD JACKSONVILLE FL 32209			Mailing Address 5861 MARIGOLD ROAD JACKSONVILLE FL 32209		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/28/1998 4. FEI Number 593556172 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILLIAMS, JUNE TAYLOR 3343 HICKORYNUT STREET JACKSONVILLE FL 32208			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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME TAYLOR, WILLIAM STREET ADDRESS 5861 MARIGOLD ROAD CITY-ST-ZIP JACKSONVILLE FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VP NAME MORGAN, JAMES G STREET ADDRESS 5861 MARIGOLD ROAD CITY-ST-ZIP JACKSONVILLE FL 32209			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S NAME WILLIAMS, JUNE T STREET ADDRESS 3343 HICKORYNUT STREET CITY-ST-ZIP JACKSONVILLE FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE T NAME WILLIAMS, RALPH STREET ADDRESS 2735 LIPPIA ROAD CITY-ST-ZIP JACKSONVILLE FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D NAME WILLIAMS, GALE STREET ADDRESS 10235 DEPAUL DRIVE CITY-ST-ZIP JACKSONVILLE FL			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D NAME FRANKLIN, CHARLIE STREET ADDRESS 5922 IRIS BLVD. CITY-ST-ZIP JACKSONVILLE FL			6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (1/98)