


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006168	
1. Entity Name NORTHWEST HOMEOWNERS ASSOCIATION INCORPORATED	

Principal Place of Business 5861 MARIGOLD ROAD JACKSONVILLE, FL 32209	Mailing Address 5861 MARIGOLD ROAD JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3556172	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIAMS, JUNE TAYLOR
3343 HICKORYNUT STREET
JACKSONVILLE, FL 32208

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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 NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, WILLIAM 5861 MARIGOLD ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORGAN, JAMES G 5861 MARIGOLD ROAD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, JUNE T 3343 HICKORYNUT STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, RALPH 2735 LIPPIA ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, GALE 10235 DEPAUL DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKLIN, CHARLIE 5922 IRIS BLVD. JACKSONVILLE, FL

U00000521240
05/02/06-80127-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 647, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Taylor William Taylor 4/17/06 (904) 764-1330