

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
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**



04032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3556172

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**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 617, 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

4/4/07

Date

Daytime Phone #

(904) 643-4661