2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N98000006168

Entity Name: NORTHWEST HOMEOWNERS ASSOCIATION INCORPORATED

Current Principal Place of Business:

5861 MARIGOLD ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5861 MARIGOLD ROAD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3556172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JUNE TAYLOR
3343 HICKORYNUT STREET
JACKSONVILLE, FL 32208 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:	P	( ) Delete
Name:	TAYLOR, WILLIAM	
Address:	5861 MARIGOLD ROAD	
City-St-Zip:	JACKSONVILLE, FL	
Title:	VP	( ) Delete
Name:	MORGAN, JAMES G	
Address:	5861 MARIGOLD ROAD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	S	( ) Delete
Name:	WILLIAMS, JUNE T	
Address:	3343 HICKORYNUT STREET	
City-St-Zip:	JACKSONVILLE, FL	
Title:	T	( ) Delete
Name:	WILLIAMS, RALPH	
Address:	2735 LIPPIA ROAD	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	WILLIAMS, GALE	
Address:	10235 DEPAUL DRIVE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	FRANKLIN, CHARLIE	
Address:	5922 IRIS BLVD.	
City-St-Zip:	JACKSONVILLE, FL	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FRANKLIN, CHARLIE	
Address:	5922 IRIS BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32209	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUNE WILLIAMS S 04/09/2008

Electronic Signature of Signing Officer or Director — Date