2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002635 Feb 26, 2000 8:00 am Secretary of State 1. Entity Name NORTHWOOD GARDENS NEIGHBORHOOD ASSOCIATION, INC. 02-26-2000 90016 004 ****61.25 Principal Place of Business Mailing Address 416 41ST STREET 416 41ST STREET WEST PALM BEACH FL 33407-4217 WEST PALM BEACH FL 33407 いしひにひりまり 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KOHN, PATRICK L 416 41ST STREET WEST PALM BEACH FL 33407 Zip Code City FI 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 SIGNATURE (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61:25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME KOHN, PATRICK L STREET ADDRESS STREET ADDRESS 416 41ST STREET CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Change ☐ Addition TITLE TITLE Delete Delete NAME WHITE, DENISE STREET ADDRESS STREET ADDRESS 428 45TH STREET CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Change Addition TITLE TITLE Delete NAME CRAMER, JOHN NAME STREET ADDRESS STREET ADDRESS 424 41ST STREET CITY-ST-ZIP CITY-ST-ZIP <u>West Palm Beach Fl 33407</u> ☐ Change Addition ☐ Delete TITLE TITLE **ULACIA, DORIS** NAME NAME STREET ADDRESS STREET ADDRESS 4111 POINSETTIA CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33407 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 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

SIGNATURE

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changed, or on an attachment with an address, with all other like empowered.

2-18-00

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Daytime Phone