2003 NOT-FOR-PROFIT CORPORATION

Mar 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** N99000002635 DOCUMENT # 03-27-2003 90079 009 ****61.25 NORTHWOOD GARDENS NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 424 41ST STREET 424 41ST STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1017032 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John ramer NELSON, KAREN A Street Address (P.O. Box Number is Not Acceptable) 4404 SPRUCE AVENUE Delete WEST PALM BEACH FL 33407 Street Zip Code ろろくのち 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President TITLE ☐ Delete TITLE ☐ Change Addition ROSE, FRANK L NAME Samuel H Hairston III 534 41st STREET ADDRESS STREET ADDRESS 420-42ND ST CR2E037 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 33107 TITLE Delete TITLE Addition 56607066 NAME VAREY, SUSAN NAME vocis E. (aleman STREET ADDRESS 427 41ST STREET STREET ADDRESS CITY-ST-ZIE WEST PALM BEACH FL 33407 CITY-ST-7IP TITLE TITLE Delete Addition ٧P CRAMER, JOHN NAME NAME m.c. Andorson STREET ADDRESS STREET ADDRESS 424 41ST STREET 493 CITY-ST-7IP CITY-ST-7IP WEST PALM BEACH FL 33407 33407 12014 TITLE 👿 Delete TITLE ☐ Change X Addition

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

NAME

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TITLE

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NELSON, KAREN

fresident

4404 SPRUCE AVENUE

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Jackie Ruzzenas

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Affachment (cont)
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X Addition

Director

Kenny Russenkas

411 43rd Street

West Pulm Beach K1 33407