

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90130 009 ***150.00

DOCUMENT # P96000034802

1. Entity Name
NORTHWOOD COMMONS, INC.



Principal Place of Business 10225 ULMERTON RD. SUITE 3D BELLEAIR BLUFFS, FL 33770 US	Mailing Address 10225 ULMERTON RD. SUITE 3D BELLEAIR BLUFFS, FL 33770 US
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54053292



2. Principal Place of Business 455 N. Indian Rocks Rd. Suite, Apt. #, etc. Suite B City & State Belleair Bluffs, FL Zip 33770 Country USA	3. Mailing Address 455 N. Indian Rocks Rd. Suite, Apt. #, etc. Suite B City & State Belleair Bluffs, FL Zip 33770 Country USA
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04202004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3386423
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR. 10225 ULMERTON ROAD, SUITE 2 LARGO, FL 33771	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCKLES, WILLIAM G JR. 10225 ULMERTON RD. #3D LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 N. Indian Rocks Rd, Suite B Belleair Bluffs, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VELTMAN, GREG D 10225 ULMERTON RD. #3D LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 N. Indian Rocks Rd, Suite B Belleair Bluffs, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST VELTMAN, DAVID M 10225 ULMERTON RD. #3D LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 N. Indian Rocks Rd, Suite B Belleair Bluffs, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, MILES J 10225 ULMERTON RD. #3D LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 N. Indian Rocks Rd, Suite B Belleair Bluffs, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: William F Buckles 4/30/04 727-584-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #