

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90101 023 \*\*\*150.00

**DOCUMENT # P96000034802**

1. Entity Name  
**NORTHWOOD COMMONS, INC.**



Principal Place of Business  
**455 N INDIAN ROCKS RD.  
STE. B  
BELLEAIR BLUFFS, FL 33770 US**

Mailing Address  
**455 N INDIAN ROCKS RD.  
STE. B  
BELLEAIR BLUFFS, FL 33770 US**

**60037810**



2. Principal Place of Business  
**1180 Ponce De Leon Blvd  
Suite 201**

3. Mailing Address  
**1180 Ponce De Leon Blvd  
Suite 201**

05012006 Chg-P CR2E034 (11/05)

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

Zip  
**33756**

Country  
**USA**

Zip  
**33756**

Country  
**USA**

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

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VELTMAN, GREG D 455 N INDIAN ROCKS RD., STE. N BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST VELTMAN, DAVID M 455 N INDIAN ROCKS RD., STE. B BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, MILES J 455 N INDIAN ROCKS RD., STE. B BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Veltman, Greg D. 1180 Ponce De Leon Blvd Suite 201 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST David M. Veltman Trust 1180 Ponce De Leon Blvd suite 201 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Moore, Miles J. 1180 Ponce De Leon Blvd suite 201 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Greg D. Veltman**

Date

**4/30/06**

Daytime Phone #