

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90090 035 ***150.00

DOCUMENT # P97000014024

1. Corporation Name

MARK NORTHWOOD REALTY, INC.

Principal Place of Business

**C/O MARK CENTERS TRUST
600 THIRD AVENUE
KINGSTON PA 18704**

Mailing Address

**C/O MARK CENTERS TRUST
600 THIRD AVENUE
KINGSTON PA 18704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

59-3429368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 c/o Acadia Realty Trust

Suite, Apt. #, etc.

22 20 Soundview Marketplace

City & State

23 Port Washington, NY

Zip

24 11050

Country

25 USA

2a. Mailing Address

26 c/o Acadia Realty Trust

Suite, Apt. #, etc.

27 20 Soundview Marketplace

City & State

28 Port Washington, NY

Zip

29 11050

Country

30 USA

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE #2
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **SLOMOWITZ, MARVIN L**

STREET ADDRESS **600 THIRD AVE**

CITY-ST-ZIP **KINGSTON PA 18704**

TITLE **D** ☒ DELETE

NAME **LEVINE, MARVIN L**

STREET ADDRESS **110 EAST 59TH STREET**

CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☒ DELETE

NAME **SHANUS, HARVEY**

STREET ADDRESS **338 STANLEY DRIVE**

CITY-ST-ZIP **KINGSTON PA 18704**

TITLE **D** ☒ DELETE

NAME **CASTLE, JOSEPH L II**

STREET ADDRESS **100 MATSONFORD RD, STE 250**

CITY-ST-ZIP **RADNOR PA 19087**

TITLE **D** ☒ DELETE

NAME **LONGUA, LAWRENCE J**

STREET ADDRESS **520 MADISON AVE, 24TH FLOOR**

CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **D** ☒ DELETE

NAME **WEBER, VINCENT**

STREET ADDRESS **888 16TH ST, NW, 7TH FLOOR**

CITY-ST-ZIP **WASHINGTON DC 20006**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman & CEO** ☒ Change ☐ Addition

1.2 NAME **Ross Dworman**

1.3 STREET ADDRESS **805 Third Ave., 9th Floor**

1.4 CITY-ST-ZIP **New York, NY 10022**

2.1 TITLE **President** ☒ Change ☐ Addition

2.2 NAME **Kenneth F. Bernstein**

2.3 STREET ADDRESS **805 Third Avenue**

2.4 CITY-ST-ZIP **New York, NY 10022**

3.1 TITLE **Sr VP & Secretary** ☒ Change ☐ Addition

3.2 NAME **Robert Masters**

3.3 STREET ADDRESS **20 Soundview Marketplace**

3.4 CITY-ST-ZIP **Port Washington, NY 11050**

4.1 TITLE **Sr VP & Treasurer** ☒ Change ☐ Addition

4.2 NAME **Perry Kameron**

4.3 STREET ADDRESS **20 Soundview Marketplace**

4.4 CITY-ST-ZIP **Port Washington, NY 11050**

5.1 TITLE **Assistant Treasurer** ☒ Change ☐ Addition

5.2 NAME **Jon Grisham**

5.3 STREET ADDRESS **20 Soundview Marketplace**

5.4 CITY-ST-ZIP **Port Washington, NY 11050**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon Grisham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Grisham, Asst. Treasurer

1/5/99

(570) 288-4581

Daytime Phone #

CR2E034 (11/98)