

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010676

**FILED**  
**Mar 11, 2023**  
**Secretary of State**  
**8757990132CC**

**Entity Name:** NORTH WOODS ROAD ASSOCIATION, INC.

**Current Principal Place of Business:**

12320 COUNTRY EAGLE LANE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

12320 COUNTRY EAGLE LANE  
CAPE CORAL, FL 33909 US

**FEI Number:** 76-0752742

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHUMAN, KENNETH  
12320 COUNTRY EAGLE LANE  
CAPE CORAL, FL 33909 US

*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:** KENNETH SCHUMAN

03/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name ESTERLINE, VIVIAN  
Address 17580 EAGLE VIEW LANE  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name HAYTAC, KAMIL  
Address 12801 EAGLE RD  
City-State-Zip: CAPE CORAL FL 33909

Title PRESIDENT, DIRECTOR  
Name SCHUMAN, KENNETH L  
Address 12320 COUNTRY EAGLE LANE  
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER, DIRECTOR  
Name SCHUMAN, KENNETH L  
Address 12320 COUNTRY EAGLE LANE  
City-State-Zip: CAPE CORAL FL 33909

Title VP, DIRECTOR  
Name NOVACK, DAVID  
Address 12730 EAGLE ROAD  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name DORO, JANET  
Address 12321 COUNTRY EAGLE LANE  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name LARSON, CYNTHIA  
Address 17851 EAGLE VIEW LANE  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name GINDELE, CRAIG  
Address 12431 COUNTRY EAGLE LANE  
City-State-Zip: CAPE CORAL FL 33909

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH L. SCHUMAN

**PRESIDENT**

03/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SCHUMAN, MATT  
Address        12241 COUNTRY EAGLE LANE  
City-State-Zip: CAPE CORAL FL 33909