


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90026 016 \*\*\*\*61.25

**DOCUMENT # N03000003300**

1. Entity Name  
**NORTH PORT COUNTRY CLUB ESTATES AND SUMTER GREEN NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**5001 KINGSLEY RD.  
 NORTH PORT, FL 34287**

Mailing Address  
**PO BOX 7802  
 NORTH PORT, FL 34287**

2. Principal Place of Business  
**5006 Greenway Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5006 Greenway Drive**  
 Suite, Apt. #, etc.

City & State  
**North Port, FL**

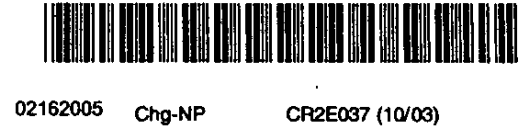
City & State  
**North Port, FL**

Zip  
**34287**

Country  
**Sarasota**

Zip  
**34287**

Country  
**Sarasota**



4. FEI Number  
**59-3171719**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MOEHLING, HERB  
 5001 KINGSLEY RD.  
 NORTH PORT, FL 34287**

7. Name and Address of New Registered Agent  
 Name  
**CRISTOFORI, CHARLINE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5006 Greenway Drive**  
 City  
**North Port, FL** Zip Code  
**34287**

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 Charline Cristofori (CHARLINE CRISTOFORI) DATE 2/21/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete NAME GLASS, JAMES STREET ADDRESS 5041 RICHMOND TERR CITY-ST-ZIP NORTH PORT, FL 34287	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> Delete NAME MEONI, RONALD STREET ADDRESS 5028 GREENWAY DR. CITY-ST-ZIP NORTH PORT, FL 34287	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> Delete NAME CRISTOFORI, CHARLINE STREET ADDRESS 5006 GREENWAY DR. CITY-ST-ZIP NORTH PORT, FL 34287	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME MOEHLING, HERB STREET ADDRESS 5001 KINGSLEY RD. CITY-ST-ZIP NORTH PORT, FL 34287	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME HIGHAM, PAULINE STREET ADDRESS 5010 GREENWAY DR. CITY-ST-ZIP NORTH PORT, FL 34287	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME LAMPARTER, CARL STREET ADDRESS 5031 GREENWAY DR. CITY-ST-ZIP NORTH PORT, FL 34287	TITLE	<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 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.

SIGNATURE James Glass (JAMES GLASS Pres) DATE 2/21/05 941-423-4555  
Signature and typed or printed name of signing officer or director Date Daytime Phone #