

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003300

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

5006 GREENWAY DR
NORTH PORT, FL 34287

New Principal Place of Business:

5042 GREENWAY DRIVE
NORTH PORT, FL 34287

Current Mailing Address:

5006 GREENWAY DR
NORTH PORT, FL 34287

New Mailing Address:

5042 GREENWAY DRIVE
NORTH PORT, FL 34287

FEI Number: 59-3171719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISTOFORI, CHARLINE
5006 GREENWAY DRIVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

THALMAN, GARY R TREASUR
5042 GREENWAY DRIVE
NORTH PORT, FL 34287 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: GARY R. THALMAN

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLASS, JAMES
Address: 5041 RICHMOND TERR
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: MEONI, RONALD
Address: 5028 GREENWAY DR.
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: CRISTOFORI, CHARLINE
Address: 5006 GREENWAY DR.
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: MOEHLING, HERB
Address: 5001 KINGSLEY RD.
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: STENSO, JANEEN L
Address: 5237 EDEN CT
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: LAMPARTER, CARL
Address: 5031 GREENWAY DR.
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: THALMAN, GARY R
Address: 5042 GREENWAY DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THALMAN, GARY R
Address: 5042 GREENWAY DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY R. THALMAN

S/T

04/08/2009

Electronic Signature of Signing Officer or Director

Date