

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003300

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC3189997215**

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

**Current Principal Place of Business:**

5042 GREENWAY DRIVE  
NORTH PORT, FL 34287

**Current Mailing Address:**

5042 GREENWAY DRIVE  
NORTH PORT, FL 34287

**FEI Number: 59-3171719**

**Certificate of Status Desired: No**

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

THALMAN, GARY RTREASUR  
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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MOEHLING, HERB  
Address 5001 KINGSLEY ROAD  
City-State-Zip: NORTH PORT FL 34287

Title VP  
Name THALMAN, GARY  
Address 5042 GREENWAY DRIVE  
City-State-Zip: NORTH PORT FL 34287

Title S  
Name MOEHLING, SHERI  
Address 5001 KINGSLEY ROAD  
City-State-Zip: NORTH PORT FL 34287

Title D  
Name MOEHLING, HERB  
Address 5001 KINGSLEY RD.  
City-State-Zip: NORTH PORT FL 34287

Title T  
Name THALMAN, GARY R  
Address 5042 GREENWAY DRIVE  
City-State-Zip: NORTH PORT FL 34287

Title D  
Name GLASS, JAMES  
Address 5041 RICHMOND TERRACE  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name SCULLY, KENT  
Address 5047 GREENWAY DRIVE  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name MIZE, DANIEL  
Address 5081 KINGSLEY ROAD  
City-State-Zip: NORTH PORT FL 34287

**Continues on page 2**

*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: GARY R. THALMAN

TREASURER

02/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           STEPHENS, GERALD  
Address        5063 GREENWAY DRIVE  
City-State-Zip: NORTH PORT FL 34287

Title           DIRECTOR  
Name           MOEHLING, SHERI  
Address        5001 KINGSLEY ROAD  
City-State-Zip: NORTH PORT FL 34287