

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003300

Entity Name: NORTH PORT COUNTRY CLUB ESTATES AND SUMTER GREEN NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Feb 26, 2019
Secretary of State
8762580068CC**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	GLASS, JAMES
Address	5041 RICHMOND TERRACE
City-State-Zip:	NORTH PORT FL 34287

Title	VP
Name	THALMAN, GARY
Address	5042 GREENWAY DRIVE
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

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

Title	SECRETARY
Name	MURPHY, JAMES GERALD
Address	5040 GREENWAY CT
City-State-Zip:	NORTH PORT FL 34287

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****02/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date