

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003300

FILED
Jan 30, 2018
Secretary of State
CC7640695517

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 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 S
Name MOEHLING, SHERI
Address 5001 KINGSLEY ROAD
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

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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: GARY R THALMAN

TREASURER

01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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