

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011346

Entity Name: VISION NORTH PORT, INC.**Current Principal Place of Business:**5679 KUMQUAT AVE
NORTH PORT, FL 34291**Current Mailing Address:**PO BOX 7274
NORTH PORT, FL 34290**FEI Number:** 26-1656371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATURO, KENNETH F
5679 KUMQUAT AVE
NORTH PORT, FL 34291 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:** KENNETH MATURO

04/19/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIR
Name	MATURO, KEN CHAIR
Address	5679 KUMQUAT AVE
City-State-Zip:	NORTH PORT FL 34291

Title	DIR
Name	PALM-ABRAMOFF, CAROLANN V-CHAIR
Address	1100 JONAH DR
City-State-Zip:	NORTH PORT FL 34287

Title	DIR
Name	SPIRK, CINDY LTREAS
Address	4073 PESOLA TERRACE
City-State-Zip:	NORTH PORT FL 34286

Title	DIR
Name	LAMBERT, LINDA WSEC
Address	4596 TALISMAN TERRACE
City-State-Zip:	NORTH PORT FL 34286

Title	DIR
Name	LEBO, ANDY BOARD
Address	6844 LOCHER ROAD
City-State-Zip:	NORTH PORT FL 34291

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: KENNETH MATURO

CHAIR

04/19/2014

Electronic Signature of Signing Officer/Director Detail

Date