2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008552

1. Entity Name

NORTH PORT OFFICES CONDOMINIUM ASSOCIATION, INC.



FILED
Mar 12, 2008 08:00 A
Secretary of State

Principal Place of Business

13801 TAMIAMI TRAIL, STE. D NORTH PORT, FL 34287 Mailing Address

13801 TAMIAMI TRAIL, STE. D NORTH PORT, FL 34287



DO NOT WRITE IN THIS SPACE

03082008 No Chg-NP C

CR2E037 (4/06)

4. FEI Number 65-1086268 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

41 426 /19

6. Name and Address of Current Registered Agent

MELLOR, CORD C 13801 TAMIAMI TRAIL, STE. D NORTH PORT, FL 34287

SIGNATURE:

DO NOT WRITE

8. 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. I am familiar with, and accept the obligations of registered agent						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
	Filling Fee is \$61.25 9. Election Campaign Finance		na .	\$5.00 May Be	U000008555	1 4
• •	Due by May 1, 2008	Trust Fund Contribution.	. 🗆	Added to Fees	03/27/08-8005:	5-019 61 . 25
10.	OFFICERS AND DIREC	TORS				e kaliferiaki
TITLE	PD .	•		经验的特别分类		
NAME	DEVOS, ALAN J			Carried Control		
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CITY-ST-ZIP	NORTH PORT, FL 34287	··				
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NAME	MELLOR, CORD C	· .			o think no phile in the	山田市村 校园的第三人
STREET ADDRESS	13801 TAMIAMI TRAIL STE D		."	and the second		
CITY-ST-ZIP	NORTH PORT, FL 34287					
TITLE	D					
NAME	GRISSINGER, DOUGLAS	,				
STREET ADDRESS	13801 TAMIAMI TRAIL STE D		المورية د المراجعة	· DO	NOT WRIT	
CITY-SI-ZIP	NORTH PORT, FL 34287		a d		IIA CALLA A A IZI I	
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NAME		ľ				
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CITY-ST-ZIP						
TITLE					海原型工厂	
NAME			2		Sint 577, 45551	
STREET ADDRESS	;	·				
CITY-ST-ZIP			1 %			Professional Control
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attaghment with an address, with all other like empowered.						

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR