


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N00000008552</b>	
1. Entity Name NORTH PORT OFFICES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 13801 TAMIAMI TRAIL, STE. D NORTH PORT, FL 34287	Mailing Address 13801 TAMIAMI TRAIL, STE. D NORTH PORT, FL 34287
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**DO NOT WRITE IN THIS SPACE**



03082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1086268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MELLOR, CORD C 13801 TAMIAMI TRAIL, STE. D NORTH PORT, FL 34287
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000855571 03/27/08-80055-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVOS, ALAN J 13801 TAMIAMI TRAIL STE B NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD. MELLOR, CORD C 13801 TAMIAMI TRAIL STE D NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISSINGER, DOUGLAS 13801 TAMIAMI TRAIL STE D NORTH PORT, FL 34287
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: Cord C. Mellor 3/8/08 941 426 1193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #