


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006108 1. Entity Name NORTH ALICO PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 19091 TAMiami TRAIL SE FORT MYERS, FL 33908	Mailing Address 19091 TAMiami TRAIL SE FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE

01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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 FREEMAN, PAUL H 19091 TAMiami TRAIL SE FORT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD FREEMAN, ALAN C 19091 TAMiami TRAIL SE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENNEN, WILLIAM G 19091 TAMiami TRAIL SE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD FREEMAN, PAUL H 1840 WEST 49TH STREET #410 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Alan C Freeman **4/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #