2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

							acrata	PT A	f Sta	tΔ
DOCUMENT # N0300003300 1. Entity Name NORTH PORT COUNTRY CLUB ESTATES AND SUMTER GREEN NEIGHBORHOOD ASSOCIATION, INC.							ecreta 1-23-2006	•		
Principal Plac 5006 GREEN NORTH PORT	(WAY DR	. 500	ng Address 16 GREENWAY DR YTH PORT, FL 3428	7			77 (1411 66 11) 66 11) 6	lm esta erise.	AUTRA ATAT ETETA SE	1700 BI (1881
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.			01042006	Chg-NP	CR2E0	37 (11/05)	
City & State		C	City & State			4. FEI Number 59-31717	19			plied For t Applicable
Zip	Country		ip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of C	urrent Register	ed Agent			7. Name and A	idress of New	Registered	Agent	
CRISTOFORN, CHARLINE 5006 GREENWAY DRIVE NORTH PORT, FL 34287					RISTOFORI CHARLINE AND					
				City	RTH P	ORT		FL	Zip Cod - 342	 81
	e named entity submits this state tions of registered agent.	ment for the pur	pose of changing its	registered offic	e or register	red agent, or both,	in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE.	Signsture; typed or printed name of registe	red agent and title II ag	oplicable. (NOTE	: Registered Agent si	igneture required	I when reinstating)	-	DATE		
	Filing Fee is \$61.25									
	Due by May 1, 2006		9. Election Carr Trust Fund C		'9 🗆	\$5.00 May Be Added to Fees			k payable to rement of St	
	Due by May 1, 2006		Trust Fund C	ontribution.		Added to Fees	Fic	orida Depa	rtment of St	tate
10.	Due by May 1, 2006 OFFICERS	ND DIRECTORS	Trust Fund C				Fic	orida Depa	rtment of St	110
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006	AND DIRECTORS	Trust Fund C	ontribution.	7 7 7 5 5 2 5	Added to Fees ADDITIONS/CHAN IZEN L. 57 Z.Z.Z.	GES TO OFFICE STENS	orida Depa ERS AND D	IRECTORS IN	tate
TITLE NAME STREET ADDRESS	P GLASS, JAMES 5041 RICHMOND TERR	NO DIRECTOR	Trust Fund C	11. TITLE NAME STREET ADDRE	7 7 7 5 5 2 5	Added to Fees ADDITIONS/CHAN	GES TO OFFICE STENS	orida Depa ERS AND D	IRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P GLASS, JAMES 5041 RICHMOND TERR NORTH PORT, FL 34287 VP	AND DIRECTORS	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADORE CITY-ST-ZIP TITLE	7 7 7 5 2 5 2 5 2 5	Added to Fees ADDITIONS/CHAN IZEN L. 57 Z.Z.Z.	GES TO OFFICE STENS	orida Depa ERS AND D	IRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P GLASS, JAMES 5041 RICHMOND TERR NORTH PORT, FL 34287 VP MEONI, RONALD 5028 GREENWAY DR.	/	Trust Fund C	ONTRIBUTION. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE	7 7 7 7 8 2 8 8 8 9 9	Added to Fees ADDITIONS/CHAN IZEN L. 57 Z.Z.Z.	GES TO OFFICE STENS	orida Depa ERS AND D	IRECTORS IN Change	10 Addition
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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 AND TYPED OR PRINTED NAME OF SIGNI	ING OFFICER OR DIRECTOR	Dede	Daytime Phone #	-
SIGNATURE: Then line Tristabre	- CHARLINE CRISTOFOR	1 - 01-19.06	(941-423-9675	5