


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90094 044 ****61.25

DOCUMENT # N03000003300					
1. Entity Name NORTH PORT COUNTRY CLUB ESTATES AND SUMTER GREEN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 5006 GREENWAY DR NORTH PORT, FL 34287			Mailing Address 5006 GREENWAY DR NORTH PORT, FL 34287		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3171719	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRISTOFORI, CHARLINE 5006 GREENWAY DRIVE NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME GLASS, JAMES <input type="checkbox"/> Delete		TITLE T	NAME STENSO, JANSEN L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5041 RICHMOND TERR	CITY-ST-ZIP NORTH PORT, FL 34287		STREET ADDRESS 5287 Eden CT	CITY-ST-ZIP NORTH PORT FL 34287	
TITLE VP	NAME MEONI, RONALD <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 5028 GREENWAY DR.	CITY-ST-ZIP NORTH PORT, FL 34287		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME CRISTOFORI, CHARLINE <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 5006 GREENWAY DR.	CITY-ST-ZIP NORTH PORT, FL 34287		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MOEHLING, HERB <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 5001 KINGSLEY RD.	CITY-ST-ZIP NORTH PORT, FL 34287		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME HIGHAM, PAULINE <input checked="" type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 5010 GREENWAY DR.	CITY-ST-ZIP NORTH PORT, FL 34287		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME LAMPARTER, CARL <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 5031 GREENWAY DR.	CITY-ST-ZIP NORTH PORT, FL 34287		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>Charline Cristofori - CHARLINE CRISTOFORI</u> 04-16-07-423-9675					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					