


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

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N03000003300 1. Entity Name NORTH PORT COUNTRY CLUB ESTATES AND SUMTER GREEN NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 5006 GREENWAY DR NORTH PORT, FL 34287	Mailing Address 5006 GREENWAY DR NORTH PORT, FL 34287
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/08)

4. FEI Number 59-3171719	Applied For <input type="checkbox"/> Not Applicable
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**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	P GLASS, JAMES 5041 RICHMOND TERR NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEONI, RONALD 5028 GREENWAY DR. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISTOFORI, CHARLINE 5006 GREENWAY DR. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOEHLING, HERB 5001 KINGSLEY RD. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STENSO, JANEEN L 5237 EDEN CT NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPARTER, CARL 5031 GREENWAY DR. NORTH PORT, FL 34287

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IN THIS SPACE**

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02/14/08-80045-017 61.25

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: James Glass - JAMES GLASS **1-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #