


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90220 047 \*\*\*\*70.00

<b>DOCUMENT # N03000004753</b>					
1. Entity Name NORTHPORT PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.					
Principal Place of Business 600 HWY. 98 EAST, SUITE 200 DESTIN, FL 32541			Mailing Address 600 HWY. 98 EAST, SUITE 200 DESTIN, FL 32541		
2. Principal Place of Business 2101 Northside Drive Suite, Apt. #, etc. Unit 501 City & State Panama City FL Zip 32405 Country BAH			3. Mailing Address 2101 Northside Drive Suite, Apt. #, etc. Unit 501 City & State Panama City FL Zip 32405 Country BAH		
6. Name and Address of Current Registered Agent BISHOP, JERRY 600 HWY. 98 EAST, SUITE 200 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name LINDA WEIGLE Street Address (P.O. Box Number is Not Acceptable) 2101 NORTHSIDE DRIVE UNIT 501 City Panama City FL Zip Code 32405		
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 <u>Linda Weigle / Secretary-Treasurer</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>4-20-04</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEGG, RICHARD 4001 WETHRBURN WAY NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. John B Morrow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2101 Northside Dr. #102 Panama City, FL 32405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, JERRY 600 HWY. 98 EAST, SUITE 200 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELVECCHIO, JAMES P 600 HWY. 98 EAST, SUITE 200 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>John B. Morrow</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/21/04</u> DAYTIME PHONE # <u>850-872-1242</u>			

94062004



03122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
35-2209734  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required