


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N03000010812 |  |
| 1. Entity Name NORTH COUNTY DEVELOPMENT AUTHORITY, INC. | |

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| Principal Place of Business 22 NORTH MULBERRY ST FELLSMERE, FL 32948 | Mailing Address 22 NORTH MULBERRY ST FELLSMERE, FL 32948 |
|---|---|



03142005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROBERTS, WILLIAM J 1500 MAHAN DR SUITE 200 TALLAHASSEE, FL 32308 |
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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, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD TYSON, JOEL 22 NORTH MULBERRY ST FELLSMERE, FL 32948 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CONIGLIO, RAY 941 CARNATION DR SEBASTIAN, FL 32958 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MITCHELL, BETH 700 MAIN ST SEBASTIAN, FL 32958 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/31/05-80018-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **29 MARCH 2005 (772) 571-8734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #