



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90098 013 ****61.25

DOCUMENT # N05000003372 1. Entity Name NORTH PORT COMMONS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952		Mailing Address 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952	
2. Principal Place of Business - No P.O. Box # 950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953		3. Mailing Address 950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953	
			
		04122007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-4669117	
		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 WOTITZKY, EDWARD L 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name <u>Ronald J. Oskey</u> Street Address (P.O. Box Number is Not Acceptable) <u>950 Tamiami Trail</u> <u>Ste. 101</u> City <u>Pt. Charlotte</u> FL <u>33953</u>	
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>[Signature]</u> DATE <u>4/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 NAME STREET ADDRESS CITY-ST-ZIP	DP OSKEY, RONALD J 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSKEY, RONALD J 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIBORSKY, BARBARA 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, CAROL J 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME 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>[Signature]</u>		Date <u>4/18/07</u> Daytime Phone # <u>941-629-8886</u>	