

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N06303

1. Entity Name

**NORTH PORT ENTERPRISE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**C/O JOHN L. CRUMP
5180 J TROTT CIRCLE
NORTH PORT FL 34287**

**P. O. BOX 7099
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2831772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUMP, JOHN L.
5180 J TROTT CIRCLE
NORTH PORT FL 34287**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PROHASKA, CRAIG**
CITY-ST-ZIP **5180 C TROTT CIRCLE
NORTH PORT FL**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **CRUMP, RUSSELL E**
CITY-ST-ZIP **5180 J TROTT CIRCLE
NORTH PORT FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOHAMMED, JAFFAR**
CITY-ST-ZIP **5180 B TROTT CIRCLE
NORTH PORT FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BERRYMAN, R S**
CITY-ST-ZIP **5180D TROTT CIR
NORTH PORT FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 an other like empowered.

SIGNATURE: