


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90028 022 ****61.25

DOCUMENT # N06303

1. Entity Name
NORTH PORT ENTERPRISE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O JOHN L. CRUMP
 5180 J TROTT CIRCLE
 NORTH PORT, FL 34287**

Mailing Address
**P. O. BOX 7099
 NORTH PORT, FL 34287**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
5183 Trott Circle

Suite, Apt. #, etc.

City & State
North Port FL

Zip
34287



02112008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5183 Trott Circle

City **North Port** FL Zip Code **34287**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROHASKA, CRAIG 5180 C TROTT CIRCLE NORTH PORT, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Douglas Jobbitt 5180 F Trott Circle North Port FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRUMP, RUSSELL E 5180 J TROTT CIRCLE NORTH PORT, FL	<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	D MOHAMMED, JAFFAR 5180 B TROTT CIRCLE NORTH PORT, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **3-10-08** **941 426 5910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #