

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06303

FILED
Apr 09, 2009
Secretary of State

Entity Name: NORTH PORT ENTERPRISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O RUSSELL E. CRUMP
5180 J TROTT CIRCLE
NORTH PORT, FL 34287

Current Mailing Address:

5183 TROTT CIRCLE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-2831772 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRUMP, JOHN L.
5183 TROTT CIRCLE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

PROHASKA, CRAIG W.
5180 TROTT CIRCLE
NORTH PORT, FL 34287 US

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.

SIGNATURE: CRAIG W. PROHASKA

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOBBITT, DOUGLAS
Address: 5180 F TROTT CIRCLE
City-St-Zip: NORTH PORT, FL 34287

Title: ST () Delete
Name: CRUMP, RUSSELL E
Address: 5180 J TROTT CIRCLE
City-St-Zip: NORTH PORT, FL

Title: D () Delete
Name: MOHAMMED, JAFFAR
Address: 5180 B TROTT CIRCLE
City-St-Zip: NORTH PORT, FL

Title: D () Delete
Name: BERRYMAN, R S
Address: 5180D TROTT CIR
City-St-Zip: NORTH PORT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PROHASKA, CRAIG W
Address: 5180 H TROTT CIRCLE
City-St-Zip: NORTH PORT, FL 34287

Title: ST (X) Change () Addition
Name: CRUMP, RUSSELL E
Address: 5180 J TROTT CIRCLE
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG W. PROHASKA

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date