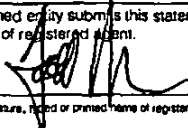
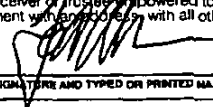


FILED
Mar 14, 2008 8:00 am
Secretary of State

02-18-2008 90012 043 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000002460					
1. Entity Name NORTH PORT ACTIVITY CENTER FIVE ASSOCIATION, INC.					
Principal Place of Business 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236			Mailing Address 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8744245	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNTSSON, ROBERT H 18501 MURDOCK CIRCLE STE 101 PORT CHARLOTTE, FL 33948				7. Name and Address of New Registered Agent	
				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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	DP MENKE, TODD 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV SHEETS, DICK 1515 RINGLING BLVD STE 890 SARASOTA, FL 34236	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT VETRI, JOHN 1425 MAIN STREET SARASOTA, FL 34236	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BRETT, ROBERT 2901 RIGSBY LANE SAFETY HARBOR, FL 34695	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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 a copy of the filing with all other like empowered.			SIGNATURE:  DATE 2/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					