

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002460

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: NORTH PORT ACTIVITY CENTER FIVE ASSOCIATION, INC.

## Current Principal Place of Business:

1515 RINGLING BLVD STE 890  
SARASOTA, FL 34236

## New Principal Place of Business:

1549 RINGLING BLVD STE 101  
SARASOTA, FL 34236 US

## Current Mailing Address:

1515 RINGLING BLVD STE 890  
SARASOTA, FL 34236

## New Mailing Address:

P. O. BOX 49437  
SARASOTA, FL 342306437 US

FEI Number: 20-8744245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERNTSSON, ROBERT H  
18501 MURDOCK CIRCLE STE 101  
PORT CHARLOTTE, FL 33948 US

## Name and Address of New Registered Agent:

MENKE III, FRANK  
1549 RINGLING BLVD.  
SUITE 101  
SARASOTA, FL 34236 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: FRANK MENKE III

01/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MENKE, FRANK  
Address: 1515 RINGLING BLVD STE 890  
City-St-Zip: SARASOTA, FL 34236

Title: DV ( ) Delete  
Name: SEPANSKI, JASON  
Address: 1515 RINGLING BLVD STE 890  
City-St-Zip: SARASOTA, FL 34236

Title: DT (X) Delete  
Name: VETRI, JOHN  
Address: 1425 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: S (X) Delete  
Name: PASKIET, DARLA  
Address: 2901 RIGSBY LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MENKE III, FRANK  
Address: 1549 RINGLING BLVD STE 101  
City-St-Zip: SARASOTA, FL 34236 US

Title: DTS (X) Change ( ) Addition  
Name: SEPANSKI, JASON  
Address: 4311 AIDAN LANE  
City-St-Zip: NORTH PORT, FL 34287 US

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: FRANK MENKE III

DP

01/21/2009

Electronic Signature of Signing Officer or Director

Date