

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002460

FILED
Jan 08, 2013
Secretary of State

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

Current Principal Place of Business:

1718 MAIN STREET, STE 303
SARASOTA, FL 34236 US

New Principal Place of Business:

4830 WEST KENNEDY BLVD
SUITE 200
TAMPA, FL 33609 US

Current Mailing Address:

P. O. BOX 49437
SARASOTA, FL 342306437 US

New Mailing Address:

4830 WEST KENNEDY BLVD
SUITE 200
TAMPA, FL 33609 US

FEI Number: 20-8744245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKE III, FRANK
1718 MAIN STREET
SUITE 303
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

PITCHFORD, MALCOLM J
240 S. PINEAPPLE AVE.
10TH FLOOR
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: MALCOLM J. PITCHFORD

01/08/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JOHNSON, R. MICHAEL
Address: 4830 WEST KENNEDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33609 US

Title: VD
Name: THOMPSON, JOHN
Address: 4830 WEST KENNEDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33609 US

Title: STD
Name: JOHNSON, MICHAEL E
Address: 4830 WEST KENNEDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33609 US

I hereby 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 all other like empowered.

SIGNATURE: R. MICHAEL JOHNSON

P

01/08/2013

Electronic Signature of Signing Officer or Director

Date