

# 2608 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90207 030 \*\*\*\*61.25

**DOCUMENT # N07000006732**

1. Entity Name  
**NEIGHBORS OF WESTPORT, INC.**



Principal Place of Business  
**618 E OCEAN BLVD  
STE 5  
STUART, FL 34994**

Mailing Address  
**618 E OCEAN BLVD  
STE 5  
STUART, FL 34994**

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

3. Mailing Address

**3209 SW Port St Lucie Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PMB 166**

City & State

City & State

**Port St Lucie, FL**

Zip

Country

Zip

Country

**34953**

01262008

Chg-NP

CR2E037 (12/06)

4. FEI Number

**26-0518113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITTMAN SHERLOCK & HEIMS, P.A.  
618 E OCEAN BLVD  
STE 5  
STUART, FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**D  
BRYANT, MELVIN  
356 SW PANTHER TRACE  
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MORROW, WILLIAM  
141 SW FERNLEAF TRAIL  
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ATKINSON, WILLIAM  
355 SW PANTHER TTRACE  
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRYANT, DIANE  
355 SW PANTHER TTRACE  
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FEIG, JOSEPH  
485 SW PANTHER TRACE  
PORT ST LUCIE, FL 34953** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Diane Bryant*

*Diane Bryant*

*4/29/08*

*772-621-8225*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #