

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006732

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: NEIGHBORS OF WESTPORT, INC.

## Current Principal Place of Business:

618 E OCEAN BLVD  
STE 5  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

3209 SW PORT ST LUCIE BLVD  
PMB 166  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

PO BOX 9547  
PORT SAINT LUCIE, FL 34985

FEI Number: 26-0518113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRYANT, MELVIN  
Address: 356 SW PANTHER TRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: MORROW, WILLIAM  
Address: 141 SW FERNLEAF TRAIL  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: ATKINSON, WILLIAM  
Address: 355 SW PANTHER TTRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: BRYANT, DIANE  
Address: 355 SW PANTHER TTRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: FEIG, JOSEPH  
Address: 485 SW PANTHER TRACE  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: MCGINNESS, JOHN A  
Address: 432 SW SUNDANCE TRAIL  
City-St-Zip: PORT ST LUCIE, FL 34953

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

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: DIANE BRYANT

D

01/24/2009

Electronic Signature of Signing Officer or Director

Date