

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001376

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** NORTH PORT COMMUNITY GARDENS, INC.

**Current Principal Place of Business:**

4462 SYMCO AVENUE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

4462 SYMCO AVENUE  
NORTH PORT, FL 34286

**New Mailing Address:**

**FEI Number:** 38-3809175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASS, FREDERICK G  
4462 SYMCO AVENUE  
NORTH PORT, FL 34286 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  
Name: KACZOR, LOIS  
Address: 5722 NORTH CRANBERRY BLVD  
City-St-Zip: NORTH PORT, FL 34286

Title: D  
Name: INMAN, BARBARA  
Address: 6655 MAURIUS RD  
City-St-Zip: NORTH PORT, FL 34287

Title: S  
Name: KRONHOLM, LINDA  
Address: 3653 LAKEWOOD BLVD.  
City-St-Zip: NORTH PORT, FL 34287

Title: T  
Name: CASS, DONNA  
Address: 4462 SYMCO AVENUE  
City-St-Zip: NORTH PORT, FL 34286

Title: D  
Name: SOGOLOW, KATHERINE  
Address: 3903 BULA AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: CASS, FREDERICK G  
Address: 4462 SYMCO AVENUE  
City-St-Zip: NORTH PORT, FL 34286

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: FREDERICK G. CASS

D

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date