

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011117

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** NORTH PORT COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

855 11TH AVENUE SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

855 11TH AVENUE SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 27-4100942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANT, SCOTT M ESQ  
SCOTT M GRANT, P.A.  
3400 TAMiami TRAIL N, SUITE 201  
NAPLES, FL 34103 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: CURRAN, LINDY  
Address: 855 11TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: SD  
Name: COTE-JULIEN, PASCAL  
Address: 855 11TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: PTD  
Name: JULIEN, JACQUES  
Address: 855 11TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

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: PASCAL COTE-JULIEN

SD

02/15/2012

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

\_\_\_\_\_  
Date